

FOR OFFICE USE:

Date Received: \_



## **International Student Office**

## Post-Completion Optional Practical Training (OPT) Request

Student Name:				
(as on passport) Last Name	First Name		Middle	Name
TMU/S ID#:	SEVIS ID#:			_
Citizenship:	E-mail:			
Phone #:	Birth Date:			_
	Mor	th Day	Year	
Major:	Expected Degree Co	mpletion: _		
			Month	Year
OPT Start Date:	OPT End Date:			_
Month Day Year	Mor	ith Da	y Year	
OPT Application Checklist:				
☐ OPT Request Form				
☐ 1-765 Form ( <i>https://www.uscis.gov/i-765</i> )				
☐ Academic Advisor's Recommendation for F-1	Optional Practical T	raining Form	1	
☐ \$410 check, cashier's check, or money order	payable to "US Depa	rtment of H	omeland Secu	rity"
☐ 2 U.S. style passport photos ( <i>Please see U.S.</i>	Style Passport Photo	Guidelines)		
☐ A copy of 1-94 Admission Record				
$\square$ A copy of your most recent U.S. entry stamp	in passport			
☐ Copies of all previous I-20s (Must have CPT I-	-20s)			
☐ A copy of your passport photo page				
☐ STEM Additional Requirements				
<ul> <li>Have an offer of paid employment for a</li> </ul>	it least 20 hours per v	week from a	n employer en	rolled in
E-verify				
<ul> <li>Complete Form I-983 with employer an</li> </ul>	d DSO			
Once completed, please contact Josh	n English at <u>iso@mas</u>	ters.edu or	661-362-2249	

Date Emailed/Completed: \_