The Center for Global Learning

**OPTIONAL PRACTICAL TRAINING**

DSO RECOMMENDATION REQUEST FORM – Fill COMPLETELY and return to the PDSO, 108 Dinneen Hall

1. **PERSONAL AND PROGRAM INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (after graduation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (after graduation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Date of Completion of Studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TYPE OF OPT YOU ARE REQUESTING**
   1. Pre-completion of Studies: Full- time. Available during vacation periods or after completion of all of coursework except for comprehensives, thesis, or dissertation only.

Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Pre-completion of Studies: Part- time while school is in session (20 hours or less per week)

Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Post- Completion of Studies: Full time.** Available after completion of the program or coursework (excluding thesis or equivalent). Please note that if you are applying for this type of OPT after completion of coursework only, you must receive DSO advisement first.

**Start Date \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your start date may be any date after you complete your studies, up to 60 days later.

**End Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This date must be 12 months from the start date (or less if you have used any of your OPT benefit)

1. **PREVIOUS OPT**

If you have previously received OPT employment authorization for your current education level, indicate the date(s) it was authorized and the start and end dates on your EAD(s).

Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DESCRIPTION OF YOUR PROPOSED EMPLOMENT AND HOW IT RELATES TO YOUR MAJOR**

Describe what you expect to do, and not that you are “seeking an entry level position appropriate for your skills and experience”.

1. **DEPARTMENTAL CERTIFICATION FOR POST- COMPLETION OPT**

Please certify (and circle) one of the following for the student named in field 1 on this request form:

* 1. The student completed or will complete all degree requirements on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The proposed employment described in field 4 is directly related to the student’s current major.
  2. The student completed or will complete all coursework for the degree except the thesis or its equivalent on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is expected to graduate on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The proposed employment described in field 4 is directly related to the student’s current major.

Departmental Signature Name (Please Print)

Title (Please Print) Department (Please Print)

Telephone E-mail

Date Signed

1. **STUDENT’S ACKNOWLEDGEMENT OF UNDERSTANDING**

I understand that I am requesting the DSO’S recommendation for Optional Practical Training Employment authorization. The CGL will advise and assist me with reviewing my application for completeness and eligibility. Once my DSO has recommended OPT, the application will be returned to me for filing it at the USCIS.

I understand that I am completely responsible for properly filing my OPT application with the USCIS and tracking its processing through the USCIS Case Status Online System at [www.uscis.gov](http://www.uscis.gov).

My Signature My Name (Please Print)

Date Signed