Optional Practical Training (OPT)

Request Form
For PRE & POST "INITIAL" 12 MONTHS OF OPT

Name:_____ Date:_____
Last (Family) First

Phone:_____ NJIT ID#:_____

E-Mail:_____ Date of Birth:_____

Current Degree and Major: _____

Expected Date of Completion of Studies:_____

What Type of OPT Are You Applying For? (check only one)

☐ **Before Completion of Studies** FORM I-765 **at item #16: (c)(3)(A)**

Full time. Only available during vacation periods or if you have completed all of your coursework except for dissertation, thesis, or project.
Starting _____ and ending_____.

Part time. (20 hours or less per week) **Starting _____**
and ending _____.

☐ **After Completion of Studies** Form I-765 **at item#16: (c)(3)(B)**

Starting _____ Your start date could be as early as one day after the expected date of completion of studies you put above, or any other date within the 60-day period following it.

Ending _____ You must apply for all of the 12 month benefit you have remaining for this program of study.
(Example: start date 12/21/2007 and end date of 12/20/2008)

The following is to be submitted to the Office of International Students and Faculty for review:

☐ **Optional Practical Training (OPT) Request Form**
☐ **Form I-765**
☐ **Advisor Form**
☐ **Copy of most current I-20**