



**This section is to be read carefully and completed by the student:**

**I understand that:**

- I am not authorized to register for classes **after coursework completion, unless it's for administrative purposes only (1 credit hour- typically research hours) towards the fulfilment of my thesis/dissertation work**
- I am **not authorized** to work on or off campus after my program completion date until I receive my Employment Authorization Document (EAD card) and no sooner than the start date indicated on the card.
- I understand that OPT restricts me to employment in my field of study and commensurate with my degree level.
- I must notify OISS within ten days of any addition or change in employer(s), changes to my passport name, change of U.S. address, or change to another visa type, if I decide to depart the U.S., return to school full time, or otherwise cease OPT activity.
- OPT must be at least 20 hours per week (paid OR unpaid) in my field of study.
- I may not be unemployed for 90 days or more (cumulative) over the 12 month period of my OPT as this will lead to loss of valid immigration status
- I have read and fully understood the OPT regulations and restrictions available at <http://oiss.wvu.edu/students>

From: \_\_\_\_\_  
(Name of student)

I certify that it is my intention to engage in (Pre-completion/Post-Completion) Optional Practical Training in the area of \_\_\_\_\_(major), at a level appropriate to my degree. I am requesting that my OPT dates be from \_\_\_\_\_ to \_\_\_\_\_.

The start date I am requesting is within 60 days after the date my advisor has verified in writing that I will graduate or complete my coursework, thesis or dissertation, if this is a request for post-completion OPT.

Please list any previous CPT including dates and whether it was/is full-time or part-time:

From:	To:	Full or Part Time?

Please list any previous OPT including dates and whether it was/is full-time or part-time; also indicate your education level related to the OPT:

From:	To:	Full or Part Time?	Education Level

I have been absent from the U.S. for more than 5 months after beginning my education in F-1 visa status. The dates of my absence were from \_\_\_\_\_  
to \_\_\_\_\_.

\_\_\_\_ I have been enrolled at WVU for at least two consecutive semesters (Fall & Spring).

\_\_\_\_ I have one or more dependents in F-2 status.

By my signature below I accept the terms and conditions of my OPT application:

I understand that I MUST SUBMIT a copy of my updated OPT I-20 to the WVU Tax Services Office within 3 business days

I understand that I am NOT authorized to engage in any form of employment between the expiration of my amended I-20 (new program completion date) and the authorization date on the OPT (EAD) card.

\_\_\_\_\_  
(Name of Student – Please Print

\_\_\_\_\_  
(Signature of Student

WVU Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date \_\_\_\_\_