



### STUDENT INFORMATION

Student ID#: \_\_\_\_\_ SEVIS ID#: N\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female *(Please put the email address you will continue to use after graduation)*

## OPTIONAL PRACTICAL TRAINING REQUEST FORM

USCIS regulations state that applications for post OPT are accepted no more than 90 days before a student's program end date and no more than 60 days after the program end date.

### Please complete the following information:

- **I have applied for graduation at BHU (circle one):** Yes / No *(If no, student must contact [registrar@beulah.edu](mailto:registrar@beulah.edu))*
- **Have you been authorized for OPT in the past?**  Yes  No If yes, when? \_\_\_\_\_
- **During my OPT, I will seek to work:**  **Part-Time** (20 hours a week)  **Full-Times** (40 hours a week)
- **Degree Level**
  - Associate degree
  - Bachelor's degree
  - Master's degree
  - Doctoral degree
- **Field of Study/Major:** \_\_\_\_\_
- **Anticipated program end date** *(Must be verified by academic advisor):* \_\_\_\_\_

I have maintained valid F-1 status since I began studying at Beulah Heights University. I understand that I must report to International Student Advisor at Beulah Heights University any changes of Optional Training Practice.

By signing this form, I attest that the above information is accurate to the best of my knowledge. I understand that providing false information may negatively affect my immigration status.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_