



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 program)

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:

- **Have you been authorized for OPT in the past?** Yes No If yes, when? _____
- **Degree Level**
 - Associate degree
 - Bachelor's degree
 - Master's degree
 - Doctoral degree
- **Field of Study/Major:** _____
- **I have applied for graduation (circle one) : Yes / No**
- **OPT requested start date (within 60 days of graduation):** _____
- **During my OPT, I will seek to work:** **Part-Time** (20 hours a week) **Full-Times** (40 hours a week)

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