

Ms. Patricia Meda
Director, Center for Student Achievement,
Resources & Enrichment (CARE)
International Student Advisor and PDSO
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Optional Practical Training (OPT) Request Form

Directions: Please complete this form and attach it to the front of your application for OPT. Either drop the completed application off at CARE for review, or make an appointment to see a DSO in CARE and bring the application with you. Remember to apply about 90 days prior to the date you wish to begin employment.

Part I: To be completed by the student.

First Name: _____ **Last Name:** _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

PO Email: _____ **Personal Email:** _____

Department: _____ **Level of study:** Bachelors Master's

Degree Program Status:
am pursuing a: thesis non-thesis

Choose one: I have completed all requirements for my degree
 I have not completed all requirements for my degree
 I have completed all course requirements for my degree and am just working on my thesis

Anticipated Date of Completion (mm/dd/yr): _____

Type of OPT Requested: Pre-completion Post-completion (see instructions for definition)

Requested OPT Start Date: _____ **Requested OPT End Date:** _____

Have you been authorized for more than 12 months of *full time* CPT for this degree program? Yes No

Prior to this request, have you been authorized for any OPT for your current degree program? Yes No

Location of Optional Practical Training (if known at time of application) –NOTE: Employment information must be provided to the CARE Office once your OPT has been approved and you secure employment. Employment must relate to your field of study at Pacific Oaks and requires approval from the college.

Name of Employer/Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____



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Optional Practical Training (OPT) Information Sheet

Part 2: To be completed by the student's faculty advisor.

Note to Advisor: This student is applying for Optional Practical Training (OPT), a type of off-campus work authorization available to international students in F-1 status. Immigration regulations restricts the type of OPT for which the student can apply based on the student's academic status. Please complete the form below, indicating the student's anticipated date of completion, and return this form to the student to submit. If you have questions, please contact Pat Meda at the Center for Achievement, Resources and Enrichment (CARE).

Student's First Name: _____ **Student's Last Name:** _____

Degree Program: _____ **Degree Level:** _____

Anticipated Date of Completion (mm/dd/yr): _____

Last day of classes in final semester

Submission of thesis

Date of degree conferral

This date represents (check one):

Advisor's Name (Written): _____

Advisor's Department: _____ **Advisor's Title:** _____

Advisor's Phone: _____ **Advisor's Email:** _____

Advisor's Signature: _____ **Date:** _____