

OPTIONAL PRACTICAL TRAINING (OPT) I-20 REQUEST FORM

Geneva College – International Student Services

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Instructions:

- Carefully read the entire F-1 Optional Practical Training (OPT) information available at http://www.geneva.edu/student-life/services/international-students/iso_training
 - Printing clearly, complete all fields in the student info section of this form.
 - Have your academic advisor complete the Academic Advisor Recommendation section
 - Submit this form to the Crossroads/ISS office, or if you have questions see Bridget Fox
 - You will get your new I-20 when you have your OPT appointment with Bridget
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STUDENT INFORMATION:

Name: _____

Date of Birth (MM/DD/YYYY): _____ E-mail: _____

USA Address: _____

Degree Level (i.e. undergraduate): _____ Major(s): _____

Student Certification: I seek practical training in my major field of study from:

OPT Start Date _____ OPT End Date _____

Please see Sarah if you have any questions about start and end dates for OPT.

If seeking pre-completion OPT (i.e. during summer break), are you requesting PART-TIME or FULL-TIME? (Circle one.)

Employer Information (If Known)

Employer Name: _____ Employer's EIN: _____

Employer Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Full Time (20+ hours a week) or Part-Time (less than 20 hours per week)? _____

Supervisor's Name: _____ Supervisor's Telephone #: _____

Supervisor's Email Address: _____

In a sentence or two, explain how this job is related to your degree:

Student's Signature: _____ Date: _____

Academic Advisor Recommendation

This section must be completed by the student's academic advisor.

Student: _____

The above named student is in good academic standing: Yes _____ No _____

The student is maintaining a full program of study: Yes _____ No _____

Student's major(s): _____

Student is working toward the following degree: _____

Date on which the student will complete the requirements for this degree: _____

Academic Advisor's Recommendation:

I recommend that this student be granted practical training in employment related to his/her studies.

Advisor Name: _____

Academic Department: _____

Phone: _____ E-mail: _____

Advisor's Signature: _____ Date: _____

Crossroads/ISS Use Only:

Date received by Crossroads/ISS: _____ Crossroads/ISS Staff Initials: _____

Shorten program (I-20): Yes, shorten to: _____ No: _____