

OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

This form is to be used by F-1 students requesting a new I-20 with an OPT recommendation. This new I-20 is needed as part of the OPT application submitted to USCIS. Please return your completed OPT Request Form to OIP in Lux 124 or by email to international programs@meredith.edu.

First Name:		Family Name(s):		
Phone Number:		Non-Meredith Email:(Email address to be used after graduation)		
Student ID Number:		I-20 Expiration Date:		
Dates of previous CPT a	& OPT authorization (<i>please i</i>	indicate if full-time or part-time	e, and attach copies of CPT/OP	T I-20s):
Requested OPT Start D	ate (any day from the day afte	r graduation through 60 days a	fter graduation):	
and cannot accrue mor following information t • Start (and/or e • Any change of	aintain my immigration stature than 90 days of unemploy throughout the duration of Cond) of employment, and em residential address within 10 my immigration status (ex. Cond)	ment. I also understand tha DPT: ployer details, within 10 day D days of a change	t I am required to report to	
Signature:		Date:		
TO BE COMPLETE	D BY FACULTY ADVISO	DR:		
Level of Study:	Bachelor's	Certificate	Master's	Other
Major(s) :				
When is the student ex	spected to complete all degr	ee/program requirements?		
Signature:		Date:		
Print Name:		Department:		
Phone:		Email:		