

OPTIONAL PRACTICAL TRAINING INFORMATION FOR SEVIS I-20

Please look at your current I-20 and enter the end date here: _____

I understand that through the requesting of OPT, my I-20 end date may be adjusted, depending on my requested start date as listed in #1 below. My on-campus work eligibility will end on the program end date as listed on the new OPT I-20 that will be issued to me. If I have any questions about this, I will ask my international student advisor before applying for OPT.

Please initial here that you understand this statement.

1. Requested Start Date for OPT _____ 2. Requested End Date for OPT _____

3. Number of hours per week (0-20=part-time/21+=full-time) _____

4. Please write the category code that you have written in the "Eligibility Category" question on the I-765 form: _____
For example, post-completion OPT is (c) (3) (B)

5. Your non-NDSU email address: _____ Your phone number: _____

6. Level of study	Undergraduate	Masters	Doctoral
	Graduate		
	For Masters students only - which plan are you pursuing?		
	Plan A (thesis)	Plan B (paper)	Plan C (coursework only)

(Initial here) I understand after I apply for OPT, I cannot change my Plan.

With this signature below, I verify that I am requesting the OPT start and end dates as listed on this page. When you receive your EAD card authorizing you for OPT, within 10 days, you must provide a copy of the EAD to your international student advisor and provide us with your employer information once you begin work.

- To do this, complete the OPT Update form on the ISSAS website found on this page:
<https://www.ndsu.edu/international/iss/immigration/f1> - click "Report OPT Update" in the menu
 → One of the last survey questions will provide an opportunity to upload a copy of your current EAD

Failure to report when you start employment could cause SEVIS to automatically terminate your SEVIS record if reporting guidelines are not met.

Student Name _____

Signature _____

ISSAS Date Received / Notes

OPT STUDENT RESPONSIBILITY STATEMENT – Please read carefully

By submitting this OPT application, I agree that the information provided in this application is true and accurate. I understand the rules and regulations concerning my participation in OPT and confirm I am responsible for understanding all of the following:

- _____ *please initial* With this application, I certify that I have read all pages of this application in full and have submitted all required documents to the ISSAS office as listed in Step 1. If my application was not complete, the time needed to process my application will be delayed.
- _____ *please initial* I have read these items fully: 1) This OPT application (through DocuSign), 2) The OPT Application Information and our Mandatory Reading Material for OPT/STEM OPT (located on our website).
- _____ *please initial* Regarding on-campus employment: I will examine my new OPT I-20 and my new program end date as listed on my OPT I-20. I understand that the last day I will be eligible for on-campus employment will be this program date as listed on my new OPT I-20. I understand that if I am currently employed as a graduate assistant or in any other on-campus job, it is my responsibility to discuss the financial consequences of ending this assistantship with my on-campus department.
- I understand that if my home address, employment status, employer address, or immigration status changes, I will update the ISSAS office within 10 days of the change. I understand that USCIS does not forward mail. If I have any change in home address, in addition to reporting it to the ISSAS office, I will update it directly with USCIS.
- _____ *please initial* I understand my OPT Reporting obligations as noted on the OPT Mandatory Reading Material page
- _____ *please initial* I know where the OPT Reporting Form is located: <https://www.ndsu.edu/international/iss/forms>
- _____ *please initial* Once I receive my EAD card, I will provide ISSAS with a copy of my EAD, and report my employment/unemployment to ISSAS within 10 days of the start date listed on my EAD card. Understand that your SEVIS record could be automatically terminated by SEVIS for failing to comply with reporting guidelines.
- _____ *please initial* I understand that it is my responsibility to ensure my OPT application is complete. I will properly file my OPT application in a timely manner. I understand that my OPT application must be received by USCIS within 30 days of the date on which the ISSAS office recommended OPT on my I-20.
- I understand that once the OPT recommendation has been issued and the application sent to DHS, it is not possible to cancel or edit it.
- I agree to seek employment directly related to my degree of study as listed on my I-20 and understand this is my responsibility to determine whether or not a prospective job is directly related to my degree.
- I understand that my OPT authorization is automatically cancelled if I transfer to a new school or begin study at another educational level.
- I understand that I cannot accrue 90 days or more of unemployment at any time during post-completion OPT. The SEVIS system will terminate your SEVIS record (and OPT employment) after 90 consecutive days of unemployment so you must update the ISSAS office with any changes immediately.
- I understand that if I decide to travel while on OPT I must have a valid I-20 signed by a DSO within six months before reentering the U.S., an unexpired EAD, a valid passport, a valid employment letter, and a valid F-1 visa stamp to be readmitted to the U.S. The employment letter should contain salary information, a statement that the employment is temporary, and verification that I will be employed after returning from travel.
- If I am applying after my I-20 expiration date or after my graduation, I certify that I am applying within my 60-day grace period.
- If I am applying for pre-completion OPT, I agree to notify the ISSAS office if I plan to graduate before the period of my pre-completion OPT ends, and that I cannot continue to work past my graduation unless I have received post-completion OPT authorization.
- I understand the following:
 - If I am a Bachelor's student, I must graduate before I can begin my OPT employment.
 - If I am a Master's or Doctoral student, I must graduate before I complete my OPT employment. If I do not graduate before completing my one year of OPT, I will lose my legal non-immigrant status in the U.S. unless I am eligible to apply for the OPT STEM Extension.
- If I have any questions about the status of my OPT application after I have mailed it to USCIS, I will contact USCIS to resolve my application issues and understand that the ISSAS office cannot provide me with updates on my application status at that point.
- If I receive a Request for Evidence from USCIS on my OPT application, I agree to mail the documents requested to USCIS in a timely manner otherwise my application will be rejected.
- I understand that failure to comply with any of the above conditions could result in loss of my F-1 status.

Student Signature

Date

**PRACTICAL TRAINING
HEALTH INSURANCE STATEMENT**

I, _____, acknowledge that Practical Training is an opportunity for international students to obtain work experience directly related to their field of study. It is not work automatically guaranteed by the U.S. Citizenship and Immigration Service.

1) Practical Training During Studies (Pre-Completion OPT):

To apply for Practical Training, I understand I must be continuously registered for classes at NDSU and therefore realize that I will be charged for health insurance. Even if my employer provides me with health insurance during Practical Training, I know that as long as I am registered at NDSU, I am required to be covered by the North Dakota state mandated health insurance policy unless I am provided with comparable coverage through my employer and qualify for a waiver.

2) Practical Training After Completion of Studies (Post-Completion OPT):

I also understand that if I am engaging in practical training after completion of studies, any remaining unused health insurance coverage cannot be refunded. If I am enrolled for any reason during practical training, I am required to be covered by the North Dakota state mandated health insurance policy unless I am provided with comparable coverage through my employer and qualify for a waiver.

In Process

Student Signature

Date

DRAFT PREVIEW

DEGREE PROGRAM VERIFICATION FORM

To be completed by Academic Advisor or Department Chair

This form is a requirement for any F-1 student applying for Optional Practical Training (OPT). This information is needed to process the student's request for OPT. It is not intended to be a confirmation that the student's department has approved the student's choice to do OPT, but rather it is a required informational sheet to help the ISSAS office best advise the student applying for OPT. Please note that Practical Training is temporary employment granted to the student to gain work experience related to his/her field of study. If you have questions about practical training, please contact the Office of International Student and Study Abroad Services in Memorial Union 116 (Tel: 701-231-7895) or see our website at www.ndsu.edu/International/employment.

From: Academic Advisor/Chair of the Department

To: Office of International Student and Study Abroad Services

Regarding:

(Name of Student)

Undergraduate

Graduate

(Degree program)

The student is expected to complete* his/her degree on _____
(Month/Date and Year)

FOR ALL GRADUATE STUDENTS: The date above reflects the anticipated completion of all degree requirements. Also indicate the date the student completed all required coursework (excluding thesis/dissertation credits): _____
(Month/Date and Year)

FOR MASTERS LEVEL STUDENTS ONLY:

Please indicate which Plan the student has enrolled in:

Plan A (thesis)

Plan B (paper)

Plan C (coursework only)

Signature of Academic Advisor or Department Chair

Printed Name

Department

Date Signed

Optional - NOTES FROM ADVISOR: