Optional Practical Training Request

F-1 Student

Cal State Monterey Bay

Please submit this completed form to the Office of International Programs ONLY after your advisor has reviewed and approved.

Student Information required:

Last Name:	First Name:	CSUMB ID:
Non-CSUMB email address you will use during OPT period:		Telephone:
Have you been authorized OPT in the past? If yes please indicate dates. ☐ No ☐ Yes		To: ___ / ___ / _____ From: ___ / ___ / _____
If you have been authorized for OPT in the past, on which degree level was it based? ☐ Bachelors ☐ Masters ☐ Associates		
Requested OPT authorization dates: Start date: ___ / ___ / _____ End date: ___ / ___ / _____	For which type of OPT are you applying? ☐ Pre-completion ☐ Post-completion * The earliest you can submit Post completion-OPT request is 3 months prior to graduation.	

*By signing below, I agree and understand the responsibilities required for maintaining F-1 visa status during my period of OPT authorization as outlined by the United States Customs and Immigration Services (USCIS):

Student Signature:	Date:

Academic Recommendation: To be completed by academic advisor

Student's Major:	Second Major (if applicable):	Student registered in current term? ☐ Yes ☐ No
Expected Completion Date: Semester: _____ Year: _____	Level of Study: ☐ Bachelors ☐ Masters ☐ Other	
Advisor's Name:		Department:
Email:		Telephone:

*By signing below, I confirm that the information in this section is true and correct.
I would like to recommend this student be allowed OPT in order to secure a position in his/her field of study:

Advisor Signature:	Date:

international@csumb.edu | Ph: 831.582.4778 | Fax: 831.582.3314

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