HAMILTON COLLEGE
International Student Advising
Elihu Root House
315-859-4022

F-1 OPTIONAL PRACTICAL TRAINING
INFORMATION FORM FOR APPLICATION

Name: _____

Social Security #_____ Expiration date of passport _____

Expiration date of visa _____ SEVIS ID # _____

If you have already used OPT, list the authorized dates from your EAD for EACH OPT period:

1) Beginning _____ Ending _____

2) Beginning _____ Ending _____

Applying for ____ Post-Completion OPT ____ Pre-Completion OPT

If Pre-Completion, applying for _____ Full time (20+ hours/wk) _____Part time (less than 20 hrs/week)

STUDENT STATEMENT OF INTENT

Describe your proposed employment and its relationship to your major. *Be specific! Do not say that you are "seeking entry level work appropriate for your skills and experience!"*

Field of Study _____

Statement of Intent

_____

_____

_____

_____

Proposed beginning date _____/_____/_____ Proposed end date _____/_____/_____

Employer Name and Address (if known):

_____

_____

_____

(OVER)

Where can we reach you during the semester?

Address: _____

Phone: _____

Email: _____

How can we reach you after graduation or the end of the smester? If you are not sure, please provide the name and address of a relative or friend in the US who will always know how to contact you:

Name: _____

Address: _____

Phone: _____

PLEASE PROVIDE A PERMANENT, NON-HAMILTON EMAIL ADDRESS:

_____

Student's Acknowledgement of Understanding:

I understand that I am requesting the College's recommendation for Optional Practical Training authorization. The College will advise and assist me by reviewing my application for completeness and eligibility. Once the school has issued the OPT recommendation I20, the application will be returned to me for filing with USCIS.

I understand that I am completely responsible for properly filing my OPT application with the USCIS.

_____

Signature and Today's Date