

## Initial 12-Month OPT Request Form

Student First Name	Student Last Name	E_____ Student E ID #
_____@emich.edu Emich E-mail Address	_____ Personal E-mail Address	1 (____) _____ (Area Code) Telephone Number
Current Address	Current City State	Zip code
Student Major or Field of Study	Degree Level (Bachelor, Master, Ph.D.)	Expected Graduation Date

**Optional Practical Training** for F1 students is intended to provide hands-on, practical work experience that is complimentary to your academic program. An F-1 student may be eligible for 12 months OPT, provided this practical training is **directly related to your field of study**, is **commensurate** with your educational level, and is **recommended** by your academic advisor.

**Desired OPT start date:** \_\_\_\_\_ **and end date:** \_\_\_\_\_

	Program End Date	Summer 8/17/2011	Fall 12/19/2011	Winter 4/30/2012	Spring 6/27/2012
Application	Earliest Date for USCIS to receive application	5/17/2011	9/20/2011	2/1/2012	3/29/2012
	Latest Date for USCIS to receive application	10/16/2011	2/17/2012	6/29/2012	8/26/2012
Employment	Earliest Employment Start Date	8/18/2011	12/20/2011	5/1/2012	6/28/2012
	Latest Employment Start Date	10/16/2011	2/17/2012	6/29/2012	8/26/2012

**In making this request I understand and agree to abide by all requirements, including**

- I will **report all changes** in my US or overseas **address** to OIS within 10 days of such change
- I will **provide OIS** with a **copy** of my Employment Authorization Document (**EAD**) upon receipt
- I understand that **I cannot begin working until I have my EAD card in-hand**
- I will **report** the name & address of my **employer** to OIS within 10 days of starting work
- I will **report** all periods of **unemployment** to OIS within 10 days
- I know I **should have health insurance** coverage for the duration of my F1 status, including the OPT period

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date

OPT Workshop attended on: \_\_\_\_\_ OIS Advisor Signature: \_\_\_\_\_