



Dartmouth College * Hanover • New Hampshire * 03755

The International Office at 44 North College Street Suite 6202

Telephone: (603) 646.3474 * Fax: (603) 646.1616 * Email: International.Office@dartmouth.edu

Blitz Bulletin: "International" * Web address: <http://www.dartmouth.edu/~intl>

Optional Practical Training (OPT) Application

This form must be completed and returned to the International Office along with CIS Form I-765 and the copies of your immigration documents listed on the OPT information sheet. Form I-765 is available at the International Office, and online at <http://www.uscis.gov/files/form/I-765.pdf>

Part I: (to be filled out by student)

Student Name: _____ Major/Department: _____

Degree Program: BA BS BE MEM MA(LS) MBA MS MPH MD PhD

Date of academic program completion (Program completion is not your date of graduation: it is the date you finish all exams, and/or successfully defend and submit your thesis): _____

Requested OPT dates: For post completion OPT the begin date must be a date between your completion date and 60 days after the completion date. For pre-completion OPT on a leave term, the begin date must be after the current term end date, and the end date must be before your next enrolled term start date. **Once we notify USCIS of these dates, it is very difficult to change them.** You may not begin working before the begin date, unless you are applying for a 17-month OPT extension.

Begin date: _____ End date: _____

(Maximum of 12 months, if no OPT has been used before. Maximum of 17 months if you are a STEM degree student, and employed by an "E-Verify" employer)

Employer Information:

The Student & Exchange Visitor Program (SEVP) has requested that F-1 students report to the school the employer's name and address, in addition to notifying the school of any change in residential address. The school has then been asked to report this information to the SEVP on the student's behalf. Please complete the Employer Name and address fields if you currently have that information, and update us any time this information changes through the course of your OPT employment. You may choose to make these updates online, at: https://fs8.formsite.com/Rcatmur/form761695344/secure_index.html or by emailing us at International.Office@dartmouth.edu

NOTE: If you are applying for a 17-month OPT extension period, the employer information fields below MUST be completed:

Employer Name: _____

Employer Address: _____

Employer is registered with E-Verify? Yes No I don't know

If yes, Employer E-Verify Number: _____

If you are using the International Office address as the return address in #3 of the I-765 form, you must fill out the information below. If you use this option, we will not be responsible for lost cards.

NOTE: ONLY FILL OUT THE SECTION BELOW IF YOU ARE USING THE INTERNATIONAL OFFICE ADDRESS ON FORM I-765:

When the International Office receives my OPT temporary work card, please
___ hold it in my file, and notify me that it has arrived. My contact information is:

___ my Dartmouth blitz account
___ my Dartmouth Alumni blitz account
___ other email account: _____
___ telephone number: _____

___ mail it to me by regular U.S. mail, to the following address:

___ mail it to me by United Parcel Service, express mail, to the following address:

Telephone number (required for UPS mailing): _____

You must provide personal credit card information, in your name, to pay for express mail service.

Part II: (this section is NOT required for 17 month OPT extension applications)

(Grad students: to be filled out by the Faculty Advisor, Department Administrator, or Chair)
(Undergrad students: Please complete #'s 1) and 2), but leave name, title and signature blank. Undergrads should submit this form to their international advisor for signing.

This student is applying for OPT work permission from USCIS. For post-completion OPT after graduation, this application may be made only if the student is completing their program of study on or before the requested begin date as listed above. Please complete and sign below.

1) By the completion date listed below, will the student have been enrolled full-time for at least 9 months in good academic standing?

___ Yes ___ No

2) By what date is the student expected to complete his/her program of study (all exams finished and thesis defended successfully and submitted)? _____

Failure to complete by this date may result in cancellation of the OPT application by the International Office, and a loss of the student's legal status in the U.S. **Please notify our office immediately if the date of completion changes.**

Name: _____ Title: _____

Signature: _____ Date: _____