
Optional Practical Training – Post-Completion (c)(3)(B)

To Be Completed by the Student

Last Name(s): _____

Given Name(s): _____

T Number: _____ SEVIS Number: N00 _____

Date of Birth (mm/dd/yyyy): ____/____/____ Phone: _____

Oberlin Email: _____

Secondary Email: _____

I am applying for Post-Completion OPT based on the following information as stated on my Form I-20:

Degree level (circle one): Bachelor's Master's

Primary Major: _____

Secondary Major (if applicable): _____

Requested Start Date for Post-Completion OPT (mm/dd/yyyy): ____/____/____

I am currently making satisfactory academic progress and have or am expected to complete my degree requirements at the end of the following semester and year: Fall _____ Spring _____

I hereby confirm that the information I have provided in this application is accurate. By signing below, while participating in Post-Completion Optional Practical Training, I agree to:

- Submit a copy of the Employment Authorization Document (EAD Card) immediately upon receipt to intlstu@oberlin.edu.
- Inform the International Student Resource Center once employment is secured. I must send an email that includes:
 - Name
 - SEVIS ID

- T Number
- Name of Employer
- Start Date of Employment
- Physical Location of Employment (street address)
- Inform the ISRC of any changes in employment, address, and contact information such as telephone number and email address.
- Comply with the responsibilities associated with Post-Completion OPT even in the event that federal regulations are amended while I am maintain my F-1 non-immigrant status.

Printed Name of Student: _____

Signature of Student: _____ Date (mm/dd/yyyy): ____/____/____

To Be Completed by the Academic Advisor or Department Chair

As the student's academic advisor or department chair, I verify the above stated academic information is accurate.

Printed Name of Academic Advisor of Department Chair: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____

To Be Completed by the International Student Resource Center

Requested Dates of Post-Completion OPT:

Start Date (mm/dd/yyyy): ____/____/____ End Date (mm/dd/yyyy): ____/____/____

DSO: _____ Date Evaluated (mm/dd/yyyy): ____/____/____