

**POST-COMPLETION OPTIONAL PRACTICAL TRAINING (OPT)
 OPT I-20 REQUEST FORM**

Instructions: Complete Section 1 and 2 in this form to request an I-20 for Post-completion Optional Practical Training (OPT).

SECTION 1- Student and program Information. To be completed by the student requesting the OPT I-20	
Student's Last Name:	First Name:
Beach ID Number:	Major:
Current Address:	City, State, Zip Code:
Alternative Email Address:	Phone Number:
Expected Program End Date OR coursework completion date:	Preferred OPT Start Date*:
SECTION 2- Student Acknowledgement. Your signature below confirms that you understand your responsibilities as an OPT applicant.	
<input type="checkbox"/> I acknowledge that I am solely responsible for understanding OPT regulations including application process & deadlines, reporting requirements, unemployment limitations, and others as presented in OPT Self-Assessment/online tutorial and the CSULB OPT page . <input type="checkbox"/> I understand the ISS advisors and staff will communicate with me primarily via the alternative email address provided above. <input type="checkbox"/> I will notify an International Student Advisor if I cannot graduate on the date indicated in this form. <input type="checkbox"/> I understand that I will not be eligible for an I-20 program extension in the case that I fail to complete all graduation requirements by the OPT authorization end date.	
Sign here _____ Today's Date: _____	

* You may request a preferred OPT Start Date. The date must be no earlier than the day after your program end date, and no later than 60 days after your program end date. Start date cannot be change after you file for OPT.

SECTION 3- OPT I-20 Eligibility Review. To be completed by the ISS Advisor.	
<input type="checkbox"/> Confirm student updated contact information <input type="checkbox"/> Current I-20 Program End Date: _____ <input type="checkbox"/> Passport Expiration Date: _____ <input type="checkbox"/> Shorten I-20 Program End Date to: _____	<input type="checkbox"/> Active CMS Holds _____ <input type="checkbox"/> GWAR/WPE status: _____ <input type="checkbox"/> GPA: _____ <input type="checkbox"/> Full-Time for a prior Academic Year: T1 _____ T2 _____ <input type="checkbox"/> Current Semester Full-Time or FCE/RCL in CMS: _____
The student's request is: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending _____ Advisor name: _____ Decision Date: _____	