INTERNATIONAL STUDENTS

Optional Practical Training – Pre-Completion (c) (3) (A)

To Be Completed by the Student (Please Print)

Last Name: _____

First Name: _____

Middle Name: _____

Campus ID: _____

SEVIS ID Number: **N00** ___ ___ ___ ___ ___ ___ ___ ___   Date of Birth (mm/dd/yyyy): ____/____/_____

Phone: _____   Primary Email: _____

Secondary Email: _____

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

Degree level for which you will be authorized for Pre-Completed OPT:

❑ Bachelor's   ❑ PhD

❑ Master's   ❑ Other: _____

Academic area of study for which you will be authorized for Pre-Completed OPT:

Primary Major: _____

Secondary Major (if applicable): _____

Requested Start Date for Pre-Completion OPT (mm/dd/yyyy): ____/____/_____
Requested End Date for Pre-Completion OPT (mm/dd/yyyy): ____/____/_____
Number of hours per week: _____

I hereby confirm that the information I have provided in this application is accurate. I am aware and understand that I must enroll full time at The Ohio State University while I am engaged in Pre-Completion OPT, unless I am approved for an annual vacation term. I understand and agree to the responsibilities associated with Pre-Completion OPT even in the event that Federal Regulations are amended while I am maintaining my F-1 non-immigrant status. ***I also understand that the amount of time requested for the Pre-Completion OPT will be deducted from the 12 months of Post-Completion OPT if I apply for OPT upon finishing my degree.***

Printed Name of Student: _____

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

To Be Completed by the Academic Advisor or Department Chair (Please Print)

Please complete the following questions regarding the aforementioned student:

The student is currently making satisfactory academic progress ❑ Yes ❑ No

The student has completed all course requirements excluding the thesis or dissertation ❑ Yes ❑ No

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

Printed Name of Academic Advisor or Department Chair: _____

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

Expected Semester and Year of Graduation:

❑ Autumn _____   ❑ Spring _____   ❑ Summer _____

To Be Completed by the Immigration Coordinator (Please Print)

Requested Dates of Pre-Completion OPT (mm/dd/yyyy): ____/____/_____ to ____/____/_____

Immigration Coordinator: _____ Date Evaluated (mm/dd/yyyy): ___/___/_____