



Standard OPT Questionnaire

PLEASE COMPLETE THE FOLLOWING AND BRING THIS FORM TO YOUR APPOINTMENT

Last Name	First Name	SFID#	Telephone Number
E-Mail	College	Major	Degree Level

Prior CPT or OPT

Have you been authorized for any **CPT** in the past? Yes No

If yes, please list the dates you were authorized:

FROM: _____ TO: _____ Full-Time Part-Time

FROM: _____ TO: _____ Full-Time Part-Time

Completed during or after which degree level? Bachelor A.A A.S

Have you been authorized for any **OPT** in the past? Yes No

If yes, what were the dates for which you were authorized?

FROM: _____ TO: _____ Full-Time Part-Time

Completed during or after which degree level? Bachelor A.A A.S

Post-Completion OPT

Estimated Graduation/Completion Date: _____

(To be completed by International Student Advisor)

OPT Start Date: _____ (no later than 60 days after your graduation/completion date)
(must choose a start date in order to apply for OPT; this may be discussed during your appointment)

OPT End Date: _____ (to be completed by International Student Advisor)

By signing, I acknowledge that I have chosen the above OPT start date and understand that I cannot work until I have received my OPT card and the date requested has arrived or passed.

Student's Signature: _____ Date: _____