



Post Completion Optional Practical Training (OPT) Request

Student's Name: _____
Last/Surname First Name Middle Name

C Number: _____

Phone Number: _____ Primary Email Address: _____
**This will be the email address where you will receive all official communications from SEVIS throughout your OPT. May be a non-UM email address.*

Proposed OPT Start Date: _____ **Proposed OPT Start Date must be within 60 days of completion date.*

I am requesting 12 months, the maximum length of OPT. Yes No

Other: _____

Have you completed one full year of full-time Curricular Practical Training (CPT) at the same degree level? Yes No

Have you completed one full year of Optional Practical Training (OPT) at the same degree level? Yes No

Submit this form to your **Academic Department Advisor** so they can complete this section.

Student's majors: _____ Degree level: _____

Student is expected to complete his/her program requirements by: _____

Adviser name: _____ Phone: _____

Signature: _____ Date: _____

Allow 7 business days for ISSS processing. You will receive an email from ISSS when your I-20 is ready to be signed. Your application must be received by USCIS no later than 30 days after OPT is recommended.

I certify that the above information is true and that I have completed the online ISSS F-1 OPT Session at www.miami.edu/OPT.

Student's signature: _____ Today's date: _____

For ISSS Office Use Only:

Online ISSS F-1 OPT Session Completed

(Yes/No)

Completion Date

(Mo/Day/Yr)

Assistant's Sign Off

(Initials)