



Post Completion Optional Practical Training (OPT) Request

Student's Name:	_____	_____	_____
	Last/Surname	First Name	Middle Name
C Number:	_____		
Phone Number:	_____	Non-UM Email Address:	_____
		<i>This is the email address you will use to report your OPT employer information.</i>	

Proposed OPT Start Date: _____	<i>*Proposed OPT Start Date must be within 60 days of completion date.</i>		
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 Adviser 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 Employment Session-
www.miami.edu/employmentsession.

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

For ISSS Office Use Only:			
Online ISSS F-1 Employment Session Completed	_____	Completion Date	_____
	(Yes/No)		(Mo/Day/Yr)
Assistant's Sign Off	_____		_____
			(Initials)