

**REQUIRED FORMS:**

- ☐ Optional Practical Training (OPT) I-20 Request Form
- ☐ I-94 Document (most recent)
- ☐ [Post-Completion Administrative Fee Payment Receipt](#) (\$100) – for Post-Completion OPT applicants only
- ☐ OPT Presentation Email Receipt

**Additional Items:**

- ☐ Summer Enrollment – Required ONLY for students who will complete their program during Summer Session.

PERSONAL INFORMATION		
LAST/FAMILY NAME:		FIRST NAME:
UCI ID NUMBER:		DATE OF BIRTH [MM/DD/YYYY]:
UCI EMAIL ADDRESS:		NON-UCI EMAIL ADDRESS:
MAJOR:		DEGREE LEVEL: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
LOCAL U.S. ADDRESS INFORMATION		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

OPT INFORMATION:
<b>POST-COMPLETION OPT</b> <ul style="list-style-type: none"><li>○ Work authorization begins <i>after</i> you complete your academic program.</li><li>○ Full-Time Only, must work more than 20 hours per week to maintain immigration status</li><li>○ Recommended for a duration of one year</li></ul>
<b>REQUESTED OPT START DATE:</b>
START DATE [MM/DD/YYYY]:

ACADEMIC DEPARTMENT COMPLETION VERIFICATION		
This section must be completed by UCI staff authorized to verify information about your academic program completion.		
THE ABOVE-NAMED STUDENT EXPECTS TO FINISH THEIR DEGREE PROGRAM BY THE FOLLOWING QUARTER/SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER      YEAR: _____		
ACADEMIC ADVISOR/COUNSELOR'S NAME:		
ACADEMIC ADVISOR/COUNSELOR'S SIGNATURE:		DATE:
PHONE:		EMAIL:
ADDITIONAL COMMENTS (OPTIONAL):		

STUDENT SIGNATURE	
I HAVE REVIEWED ALL OF THE OPT INFORMATION ON THE INTERNATIONAL CENTER WEBSITE AND AM REQUESTING AN I-20 WITH AN OPT RECOMMENDATION TO SUBMIT AN APPLICATION TO USCIS TO RECEIVE OPT WORK AUTHORIZATION.	
STUDENT'S SIGNATURE:	DATE [MM/DD/YYYY]: