

REQUIRED FORMS:

- Optional Practical Training (OPT) I-20 Request Form
- I-94 Document (most recent)
- OPT Presentation Email Receipt

Additional Items:

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

| PERSONAL INFORMATION | |
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| 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 |

| OPT INFORMATION | |
|--|------------------------|
| TYPE OF OPT YOU ARE APPLYING FOR: <input type="checkbox"/> PRE-COMPLETION OPT <ul style="list-style-type: none"> <input type="radio"/> Work authorization is completed <i>during</i> your academic program. <input type="radio"/> Part-Time During Academic Year, 20 hours or less <input type="radio"/> Part-Time or Full-Time During Summer Break <input type="radio"/> Will you work part-time or full-time during Pre-Completion OPT? <input type="checkbox"/> Part-Time (20 hours or less) <input type="checkbox"/> Full-Time (Over 20 hours per week) | |
| <input type="checkbox"/> POST-COMPLETION OPT <ul style="list-style-type: none"> <input type="radio"/> Work authorization begins <i>after</i> you complete your academic program. <input type="radio"/> Full-Time Only, Over 20 hours per week. | |
| REQUESTED OPT DATES: | |
| START DATE [MM/DD/YYYY]: | END DATE [MM/DD/YYYY]: |

| ACADEMIC DEPARTMENT COMPLETION VERIFICATION | |
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| 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: <input type="checkbox"/> FALL QUARTER <input type="checkbox"/> WINTER QUARTER <input type="checkbox"/> SPRING QUARTER <input type="checkbox"/> SUMMER SESSION YEAR: _____ | |
| ACADEMIC ADVISOR/COUNSELOR'S NAME: | |
| ACADEMIC ADVISOR/COUNSELOR'S SIGNATURE: | DATE: |
| PHONE: | EMAIL: |
| ADDITIONAL COMMENTS (OPTIONAL): | |

| STUDENT SIGNATURE | |
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| I HAVE REVIEWED ALL OF THE OPT INFORMATION ON THE INTERNATIONAL CENTER WEBSITE AND REQUEST AN I-20 TO APPLY FOR OPT. | |
| STUDENT'S SIGNATURE: | DATE [MM/DD/YYYY]: |