
Optional Practical Training (OPT)
Application Checklist and Agreement

Make an appointment with an International Programs (IP) advisor and have all items below completed and prepared BEFORE the appointment (incomplete OPT Packets will be delayed).

- Recommendation OPT letter from your college or department's academic adviser.
- Letter of Anticipated Completion from the Records office.
- Current Health Insurance Plan purchased from www.csuhealthlink.com
- I-765 (Please visit <http://www.uscis.gov/i-765>).
- ALL immigration documents (I-94, valid passport, and visa).
- Any correspondence with the Department of Homeland Security.
- ALL previous I-20s.
- Previous Employment Authorization Document (EAD Cards), if applicable.
- Two recent 2x2 frontal color passport photos with your name and I-94 card number written in pencil on the back.
(See the U.S. Department of Homeland Security specifications at http://travel.state.gov/passport/pptphotoreq/pptphotoreq_5333.html).
- Check/Money Order/Bank Check for \$410** made out to U.S. Department of Homeland Security and indicate I-94 number for identification reasons. (USCIS fees are subject to change. To verify, please visit www.uscis.gov and click Immigration Forms, Fees and Fingerprints.)
- New Form I-20 (issued by the IP during OPT application process).

Application Deadline

Apply early! USCIS allows you to apply up to 90 days prior to your graduation date and up to 60 days after your graduation date. Your application will not be considered by USCIS if received after 60 days from your graduation date. You must submit all documents to USCIS within 30 days of your immigration advisor issuing a new I-20 recommending OPT.

Agreement

I, _____ understand that while on Optional Practical Training I will be required to
Print Name

abide by all immigration regulations governing the F-1 visa. I also understand, agree and accept the following specific items:

- I attend the OPT workshop and would like the OPT start date of _____.
- I will provide a copy of the employment authorization document (EAD) card to the International Programs office as soon as possible.
- I will maintain valid health insurance for the duration of my OPT
- I cannot start employment until I receive my employment authorization document (EAD) card and by the "valid from" date listed on the card has been reached.
- I cannot accrue an aggregate of more than 90 days of unemployment during any initial post-completion OPT.
- I will report any changes of address, legal name, employer's name and address, and/or any interruption of employment within 10 days of the change and 6 months after the receipt of EAD card regardless of any changes.

Signature: _____

Date: _____