



OPT REQUEST FORM

“Optional Practical Training” is authorized for students on F-1 visas who have maintained their immigration status. It is paid employment which is directly related to the student’s field and level of study. This information is needed in order to comply with US Citizenship and Immigration Services (USCIS) regulations.

When you are ready to apply for OPT, this completed form and the application packet are submitted to ISSS, room 152, Breland Hall. If you are not currently residing in Las Cruces, you can e-mail to iss@nmsu.edu or fax to 575-646-1517. Upon submission of these forms, if you are eligible for OPT, an I-20 will be issued and you will be e-mailed when it is ready.

PLEASE PRINT

Name _____
Last name *First Name*

NMSU Student ID Number _____

Current Street Address _____

City, State, and Zip code _____

Current Major _____ Current Level: Associate’s ___ Bachelor’s ___ Master’s ___ Doctorate ___

Previous Practical Training (CPT or OPT) Yes ___ No ___

List dates of Curricular Practical Training _____

List dates of Optional Practical Training _____

Describe your proposed OPT employment (type of position, such as Graphic Designer, math teacher, etc.)

If applicable, provide future employment information including employer and employer’s address. This information can be stated on your I-20 for OPT.

Select OPT starting and ending dates: OPT authorization can be for a maximum of 12 months. Post-Completion OPT must end no later than 14 months from your graduation date.

Proposed OPT starting date: _____ OPT ending date: _____ **Authorization up to 12 months full-time OPT**

Your signature _____ Date _____

NMSU e-mail _____

Permanent e-mail _____



CONFIRMATION OF PROGRAM COMPLETION

1. UNDERGRADUATE STUDENTS:

Have you applied for your degree? Yes ____ No ____

2. GRADUATE STUDENTS:

Have you applied for your degree? Yes ____ No ____

Program of Study has been submitted to Graduate Student Services Yes ____ No ____

Date of oral exam _____

Estimated submission date of thesis/dissertation _____

3. ACADEMIC ADVISORS:

If the student has applied for a degree, when will he/she graduate?

SEMESTER AND YEAR _____

If the student has not applied for a degree, when will he/she graduate?

SEMESTER AND YEAR _____

Advisor's name: _____

Advisor's signature: _____

Advisor's e-mail: _____