



Optional Practical Training (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. The information you provide on this form is needed in order to comply with US Citizenship and Immigration Services (USCIS) regulations.

When you are ready to apply for OPT, send this completed form and the application packet to ISSS@nmsu.edu.

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.

In order for the form to be considered complete, you must fill in all the fields below.

Student last name: _____
(print)

First name: _____
(print)

Student ID #: _____

NMSU Email: _____

Current street address: _____

City, state and zip code: _____

SEVIS ID: _____

Major: _____

Have you done Practical Training before?
(OPT or CPT)

Yes:

No:

Current level (check one):

Associates:

Bachelors:

Masters:

PhD:

List dates of previous Curricular Practical training (CPT) (EX: MM-DD-YYYY to MM-DD-YYYY):

From _____ To _____ and _____ To _____

List dates of previous Optional Practical training (OPT) (EX: MM-DD-YYYY to MM-DD-YYYY):

From _____ To _____ At the _____

Describe the OPT employment you would like to pursue now
(for example: type of position, like graphic designer, math teacher, etc):

Select OPT starting and ending dates:

OPT authorization can be for a maximum of 12 months full-time.
Post-Completion OPT must end no later than 14 months from your graduation date.

Student signature:

Date (MM-DD-YYYY):

Personal or permanent email address:

Proposed OPT
starting date: _____

Proposed OPT
end date: _____



Confirmation of Program Completion

Student Information:

1. UNDERGRADUATE students, have you applied for your degree?

Yes:

No:

2. GRADUATE students, have you applied for your degree?

Yes:

No:

Have you submitted your Program of Study to Graduate Student Services?

Yes:

No:

Date of oral exam:

MM-DD-YYYY

Estimated submission date

of Thesis/ dissertation:

****Academic Advisor completes this section**:**

If the student has applied for a degree when will they graduate?

SEMESTER/YEAR: _____

If the student has NOT applied for a degree when will they graduate?

SEMESTER/YEAR: _____

Date: _____

Advisor's Name :
(Print)

Advisor's Signature:

Advisor's email:
