



Graduate School

## Optional Practical Training

### Statement of Understanding

*\*Please initial next to each statement*

\_\_\_\_\_ I understand that I must report to the Graduate School the following information **within 10 days**

- Any change in my name or address
- Name, address, and phone number of my employer, when I begin employment
- Any interruption in OPT employment or change of employer

\_\_\_\_\_ I understand that employment during OPT is expected to be directly related to my major.

\_\_\_\_\_ I understand that if I am unemployed a total of more than 90 days during my post-completion OPT, this will result in a violation of the requirements for remaining in valid F-1 status. Students who violate the 90-day unemployment rule will be automatically terminated in SEVIS.

\_\_\_\_\_ I understand that I will provide a copy of my employment offer letter to confirm my employment start date.

\_\_\_\_\_ I understand that my OPT authorization ends if I am issued a new I-20 to begin a new degree program or when my I-20 is released to another university if I transfer to another school.

\_\_\_\_\_ I understand that there is no way to expedite my OPT request once it has been filed.

\_\_\_\_\_ I understand that if I want to change my OPT start date, I have to cancel my current OPT application and re-apply for OPT with the new start date requested.

\_\_\_\_\_ I understand that if I do not complete all degree requirements on or before the program end date listed on my current I-20, I will have to withdraw my OPT application and reapply. I will also have to repay the USCIS OPT application fee when reapplying.

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date