# Optional Practical Training Application

To receive OPT, CIE must recommend OPT in SEVIS and issue a new I-20. CIE requires one week to issue your OPT I-20. After receiving your OPT I-20, you must mail all application materials, including fee and copy of OPT I-20 to the USCIS. It can take 90 days to receive OPT approval from USCIS; therefore, please use a mailing address that will be current for the next 90 days when applying. **DO NOT apply for OPT online or without your OPT I-20 from ISSS.**

1) Submit the following documents to CIE to request your OPT I-20:

- [ ] CIE’s OPT Application Form (aka, the “Optional Practical Training I-20 Request Form”) Completed, typed
- [ ] and signed Form I-765, using the appropriate code at item 27 (uscis.gov website)
  - *(c)(3)(B) for post-completion OPT (most common), or*
  - *(c)(3)(A) for pre-completion OPT*
- [ ] Completed, typed Form G-1145 for E-notification of acceptance of application (uscis.gov website)
- [ ] Copy of your latest I-94 record
- [ ] Copy of your passport biographical page, your most recent F-1 visa page, & most recent entry stamp
- [ ] If you had previous OPT/CPT, copies of EAD/OPT card and OPT/CPT notation I-20(s)
- [ ] Two new U.S. passport-style photographs, name clearly printed on the back (you may take your photos at the CIE main office; $8.00 for 2 photos; credit/debit only)

2) Meet with Immigration Coordinator to receive your OPT application packet, including new OPT I-20 (email notification in approximately one week after request submission)

3) Mail OPT application packet and filing fee** to USCIS. Please mail with tracking.

** Filing fee should be a **personal check** made payable to “U.S. Department of Homeland Security” for $410.00 (money order/cashier checks discouraged; do not mail cash)

### Mail your OPT application packet to USCIS at one of the following addresses:

- **For U.S. Postal Service (USPS) deliveries:**
  - USCIS
  - PO Box 21281
  - Phoenix, AZ 85036

- **For Express mail/courier deliveries (use your own phone # on the form):**
  - USCIS
  - Attn: AOS
  - 1820 E. Skyharbor Circle S
  - Suite 100
## Optional Practical Training I-20 Request

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>___________________________</th>
<th>___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (last)</td>
<td>First</td>
<td>UWM ID</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Preferred Phone number</td>
<td>Preferred Email</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Education Level:**
- ( ) Bachelor
- ( ) Master
- ( ) PhD

**Are you a TA/RA/PA?:**
- ( ) No
- ( ) Yes: If yes, what is your contract end date? ____________________

**Program Completion Date:** ___________________________

**Requested OPT authorization Dates:**
- OPT start date: ____________
- OPT end date: ____________

*Note: OPT start date must be within 60 days after program completion date.*

**Have you been authorized for curricular practical training (CPT) in the past?**
- ( ) No
- ( ) Yes

**Have you been authorized for optional practical training (OPT) in the past?**
- ( ) No
- ( ) Yes

**Level of PAST OPT:**
- ( ) Bachelor’s from ____________ to ____________
- ( ) Full-time
- ( ) Part-time

- ( ) Master’s from ____________ to ____________
- ( ) Full-time
- ( ) Part-time

*I have been enrolled on a full-time basis for at least one academic year. I have followed the rules for maintaining lawful F-1 status and understand the responsibilities required for maintaining my lawful status during my period of OPT.*

**Student’s Signature:** ___________________________________________  Date ______________________

**Academic/Faculty Advisor’s signature confirming completion term:**

<table>
<thead>
<tr>
<th>Student’s Major/Field</th>
<th>Program Completion Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Advisor/Faculty Advisor Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Email ___________________________@uwm.edu**

**Reminder:** *Students are NOT eligible for on-campus employment after program completion date.*