

POSTCOMPLETIONOPTIONAL PRACTICAL TRAINING (OPT) OPT-20 REQUEST FORM

Instructions: Complete Section 1 and 2 in this form to request an OPT or Post-completion Optional Practical Training (OPT).

SECTION 1 Student and program Information. To be completed by the student requesting the OPT I-20	
Students Last Name	First Name
BeachID Number:	Major:
CurrentAddress:	City, State, Zip Code
Alternative Email Address:	Phone Number:
Expected Program End Date ORcoursework completion date:	Preferred OPT Start Date*:

SECTION 2 Student Acknowledgement Your signature below confirms that you understand your responsibilities as an OPT applicant.

I acknowledge that I am solely responsible for understanding OPT regulations including application process & deadlines, reporting requirements, unemployment limitations, and others as presented in OPT Self Assessment/online tutorial and the [CSULB OPT page](#).

I understand the ISS advisors and staff will communicate with me primarily via the alternative email address provided above.

I will notify an International Student Advisor if I cannot graduate on the date indicated in this form.

I understand that I will not be eligible for an OPT program extension in the case that I fail to