

# SARAH LAWRENCE COLLEGE

## INTERNATIONAL STUDENT SERVICES

### Post-Completion Optional Practical Training (OPT) Student Acknowledgment of Responsibility

Student's Name: \_\_\_\_\_ SLC ID#: \_\_\_\_\_

Dates requested for OPT \_\_\_\_\_

Field(s) of Study: \_\_\_\_\_

I acknowledge that Sarah Lawrence College Office of International Student Services (ISS) is assisting me in filing my post-completion OPT application with the United States Citizenship and Immigration Services (USCIS) and I release the ISS from any liability in the filing of my post-completion OPT application.

I understand that I am responsible for the proper filing of my post-completion OPT application (Form I-765 and all required documentation) and I have read and reviewed the application for accuracy and compliance.

Additionally, I understand that I am continuing in my F-1 student status while on post-completion OPT and acknowledge that I am required to comply with F-1 rules and regulations of status, including:

1. Applying for and finding work in my major field(s) of study.
2. Engaging in full-time employment (20+ hours a week) to maintain status.
3. Working only between the start and end dates listed on both EAD Card and "OPT Approved" Form I-20.
4. Working only when I have received my EAD from USCIS.
5. Using only 90 days of unemployment in total.
6. Notifying ISS of any changes of my current local address within 10 days of the change.
7. Obtaining an I-20 travel signature every 6 months.
8. Understanding that if I change to a new course of study or transfer to a new school, my post-completion OPT terminates.
9. **Updating all required employment information into my SEVP Portal. I am responsible for accurately maintaining my employment record.**

By signing this form, I acknowledge that I have read and understand this document, and I understand my F-1 student status responsibilities while I am on post-completion OPT.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_