

**REQUEST FOR POST-COMPLETION OPT****Overview**

- This form is completed by students before graduation, to request post-completion OPT (Optional Practical Training)
- Students must submit this form to the DSO who then updates SEVIS with the OPT request
- An application and fee must also be submitted by the student within 30 days of the OPT request
- Full OPT information is available on this MySLC webpage: [https://my.slc.edu/ICS/icsfs/OPT\\_Packet-October\\_2020.pdf?target=acd6400e-13c4-4d72-b563-ea8286acec6c](https://my.slc.edu/ICS/icsfs/OPT_Packet-October_2020.pdf?target=acd6400e-13c4-4d72-b563-ea8286acec6c)

**Instructions**

- Complete this form and then submit to the appropriate DSO
  - Undergraduate students email Nicole Mirando, Registrar at [regoff@sarahlawrence.edu](mailto:regoff@sarahlawrence.edu)
  - Graduate students email Todd Pettiford, Assistant Dean at [tpettiford@sarahlawrence.edu](mailto:tpettiford@sarahlawrence.edu)

**Student Information:**

Full Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Academic Level: ☐ UG ☐ GR SLC Email Address: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**Employment Information:** (leave blank if you have not yet secured a job/position)I would like to work from: \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Describe how the employment is related to your area of study:

\_\_\_\_\_

**Employer Information:** (leave blank if you have not yet secured a job/position)

Company/Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address &amp; City, State, Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Supervisor Email Address: \_\_\_\_\_

**Registrar Signature** indicating student is on track to graduate as above: \_\_\_\_\_

*I have read and understand the OPT application instruction. I accept full responsibility for completion and submission of correct materials for this F1 benefit. I understand that requested dates cannot be changed once submitted. I understand the position start date must be within 60-days of program end date. I am aware that I cannot redeem OPT time even if I do not work. If I have been issued an EAD for OPT before, I have informed the appropriate DSO. **Once approved, I will submit this form to register with SEVIS:***

[https://my.slc.edu/ICS/Campus\\_Life/Departments/International\\_Students/OPT\\_Employment\\_Form.jnz](https://my.slc.edu/ICS/Campus_Life/Departments/International_Students/OPT_Employment_Form.jnz)

**Student's Signature** indicates approval of above regulations and consent to follow OPT requirements:

\_\_\_\_\_

Date: \_\_\_\_\_