

HAMILTON COLLEGE
International Student Services
315-859-4288

F-1 OPTIONAL PRACTICAL TRAINING
INFORMATION FORM FOR APPLICATION

Name: _____

Hamilton ID # _____ Expiration date of passport _____

Expiration date of visa _____ SEVIS ID # _____

If you have already used OPT, list the authorized dates from your EAD for EACH OPT period:

1) Beginning _____ Ending _____

2) Beginning _____ Ending _____

Applying for ____ Post-Completion OPT ____ Pre-Completion OPT

If Pre-Completion, applying for ____ Full time (20+ hours/wk) ____ Part time (less than 20 hrs/week)

STUDENT STATEMENT OF INTENT

Describe your proposed employment and its relationship to your major. *Be specific! Do not say that you are "seeking entry level work appropriate for your skills and experience!"*

Field of Study _____

Statement of Intent

Proposed beginning date ____/____/____ Proposed end date ____/____/____

(OVER)

Employer Name and Address (if known):

Where can we reach you during the semester?

Address: _____

Phone: _____

Email: _____

How can we reach you after graduation or the end of the semester? If you are not sure, please provide the name and address of a relative or friend in the US who will always know how to contact you:

Name: _____

Address: _____

Phone: _____

PLEASE PROVIDE A PERMANENT, NON-HAMILTON EMAIL ADDRESS:

Student's Acknowledgement of Understanding:

I understand that I am requesting the College's recommendation for Optional Practical Training authorization. The College will advise and assist me by reviewing my application for completeness and eligibility, and issue me the OPT recommendation I20.

I understand that I am completely responsible for properly filing my OPT application with USCIS.

Signature and Today's Date