OPT REQUEST FORM



| SELECT OPT TYPE: | | TE UNIVE | |
|---|--|--|--|
| ☐ Pre-OPT | ☐ Post-OPT (after completion of studies) | ☐ STEM Extension (science, technology, engineering, math majors) | |
| STUDENT INFORMATION: | | | |
| SEATTLE U ID #: | SEVIS #: _ | | |
| NAME: | , | | |
| (Last) | (First) | (Middle) | |
| ADDRESS (Local) (where you will be staying at lea | ast in the next 6 months): ADDRI | ESS (Home Country) | |
| TELEPHONE: () | | 1AIL: | |
| (this email will also be reported to the Department | | · · · · · · · · · · · · · · · · · · · | |
| MAJOR: | LEVEL: | ☐ Undergraduate ☐ Graduate ☐ Doctorate | |
| — · | | major. If you have a job offer, please give title (and what is your main role at the job): | |
| | | | |
| | | | |
| Date you request to begin your pract | tical training. <u>POST OPT NOTE</u> : D | ate must be within 60 days after the term ends. | |
| BEGINNING DATE | E:/ END ☐ Full-Time ☐ Par | | |
| | f previously authorized employ | /ment for practical training | |
| Curricular: | Pi | Pre/Post-completion of study: | |

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