

NOTE: STEM (science, technology, engineering, mathematics) degree holders requesting a 17-month OPT extension should not use this form but use the F-1 OPT Extension Request for STEM Degree Holders.

### PART 1—TO BE COMPLETED BY STUDENT

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

Email Address \_\_\_\_\_

Current Degree Level:  Bachelor's  Master's  Doctorate

Have you been accepted into the FastTrack Master's Program?  Yes  No

(Note: FastTrack master's students must enroll in full-time graduate studies in the fall or spring semester immediately following the semester of the bachelor's degree graduation. Failure to enroll will result in the FastTrack master's acceptance decision being rescinded and will require the student to apply for graduate admission as a regular graduate applicant.)

Which type of OPT are you applying for?

Pre-completion OPT

**Requested OPT Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Part-time OPT (no more than 20 hours/week)  Full-time OPT

Post-completion OPT

**Requested OPT Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Have you applied for OPT before?  Yes  No

If YES, which type? (Bring copies of OPT card/USCIS decision to appointment with ISSS advisor)

Post-Completion OPT after a previous degree:  Bachelor's  Master's  Doctorate

Pre-Completion OPT

**NOTE: Requested OPT start date must fall within the 60-day grace period which begins after the program end date on your I-20. The program end date currently on your I-20 will be changed (if necessary) to reflect the last day of your completion.**

Statement of Understanding:

- I have thoroughly read the OPT information provided.
- I have maintained valid F-1 status since I began my study at Florida Institute of Technology.
- I understand I must report to ISSS (via [issss@fit.edu](mailto:issss@fit.edu)) any change to my name or address, or any interruption of OPT employment within 10 days.
- I understand that accruing an aggregate of more than 90 days of unemployment during my post-completion OPT will result in a violation of the requirements for remaining in valid F-1 status.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART 2—TO BE COMPLETED BY ACADEMIC ADVISOR

The information on this form will be used to update the SEVIS (immigration) record of the above international student.

Student's expected completion term: (Semester) \_\_\_\_\_ (Year) \_\_\_\_\_

Graduate students completing thesis/dissertation: Defense Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ACADEMIC ADVISOR SIGNATURE

I support this student's wish to gain experience in his/her field of study and I recommend this student be authorized to pursue practical training after completion of his/her degree.

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Phone/Ext \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_