



Section A. This Section must be completed by the student			
Family Name:*		First Name:*	Middle Name(s), if any:
*Print your name exactly as it appears in your passport.			
Saint Anselm ID:		Date of Birth (mm/dd/yyyy):*	Non-Saint A's Email:
Phone:		Passport Expiration:	
The employment: <input type="checkbox"/> will be <input type="checkbox"/> will not be directly related to my field of study/degree program.			
<input type="checkbox"/> Pre Completion OPT		<input type="checkbox"/> Post-Completion OPT	
Describe the proposed employment for practical training: _____ _____			
Requested OPT Start Date:		Requested OPT End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name of Employer:			
Street Address of Employer:		City:	State:
			Zip Code:
Address where work will be performed: (If different)		City:	State:
			Zip Code:
<p>By signing below, you verify that you understand and agree to adhere to the following Department of Homeland Security requirements while on OPT:</p> <ol style="list-style-type: none"> 1. You will report to the Office of International Programs <ol style="list-style-type: none"> a. Any change in your address within 10 days of moving EACH time you move b. Discontinuation of OPT and provide a termination letter via email c. Any change in the employer or address of the employer d. Start or end of any employment position or change in full or part-time status 2. Your OPT will end if you <ol style="list-style-type: none"> a. Accrue more than 90 days of unemployment ANY time during your 364 days of OPT b. Transfer to another school <p>*You are required to have your I-20 with OPT-approval be signed every six months while on OPT. You must incur the cost of mailing your I-20 back to the Office of International Programs prior to the six month deadline*</p> <p>I affirm that I understand the above information provided to me on this request form and agree to the conditions set forth. I affirm that I am eligible for OPT employment to the best of my knowledge, and have carefully and truthfully responded to all relevant sections of the OPT Request Form.</p>			
Student Signature:			Date:

Section B: This section must be completed by the Office of the Registrar		
Office of the Registrar staff member completing this form:		
Phone:	Email:	
Student has completed all required coursework: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Expected date of program completion:	(This is the date by which ALL degree requirements will be fulfilled, not necessarily the date of graduation)	
Signature:	Date:	
Section C. This section must be completed by OIP		
Student's Program Begin Date:	Student's Program End Date:	
Prior Periods of Practical Training, if any:	CPT:	OPT:
Reviewed and approved by:	Date:	