UCLA - Dashew Center for International Students and Scholars

POST-COMPLETION OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

Last Name: _____ **First Name:** _____
(as it appears on passport)   (as it appears on passport)

UCLA ID#: _____ **SEVIS ID#:** N_____

Major: _____ **Date of Birth:** _____

Email: _____ **Phone:** _____

Citizenship: _____ **Expected Degree Completion Term:** _____

Degree Objective: Bachelors   Master's   Doctorate

POST-COMPLETION OPT REQUEST DATES

Start Date: _____ End Date: _____
     Month   Day   Year   Month   Day   Year

Please Note: Requested OPT start and end dates cannot be changed once the OPT application has been submitted to USCIS.

OPT Application Checklist

☐ **$40 Online OPT Administrative Processing Fee Payment Receipt** (submit printout of payment confirmation)

☐ **Update your email address in MyUCLA** (make sure that you will have access to this email address after graduation - it will be listed in your F-1 SEVIS record and used to create your SEVP Portal account)

☐ **Post-Completion Optional Practical Training (OPT) Request Form**

☐ **I-765 Form** (https://www.uscis.gov/sites/default/files/files/form/i-765.pdf)

☐ **Verification of Degree Completion Form**

☐ **$410 check or money order made payable to 'U.S. Department of Homeland Security'** (write your date of birth and SEVIS ID number on the front of the check)

☐ **2 U.S. style passport photos. Please see U.S. Style Passport Photo Guidelines** (write your name and SEVIS ID number on back of each photo)

☐ **2 Copies of your I-94 Admission Record**
  ▪ **Electronic I-94:**   Access and print record here: https://i94.cbp.dhs.gov/I94/#/home
  ▪ **OR Paper I-94 Card:**   Please copy both front and back sides

☐ **2 Copies of your most recent U.S. entry stamp in passport**

☐ **1 Copy of all CPT I-20s** (if applicable)

☐ **1 Copy of any previous I-20s and/or DS-2019s with previous SEVIS IDs** (if applicable)

☐ **1 Copy of your passport photo page** (must not expire for at least 6 months)

FOR DCISS USE ONLY	*INIT:* _____ *DATE:* _____					
☐ **OPT Admin Fee**	☐ **Restriction Holds**	☐ **Current Enrollment**	☐ **Past Enrollment**	☐ **Check/Money Order**	☐ **Photos**	☐ **Copies**