

## 12-Month OPT I-20 Request

Revised  
06/12

Today's Date: _____	Gender: _____	USC Student Union 300 Los Angeles, CA 90089-0899 Ph: (213)740-2666 Fax: (213)740-5194 Email: <a href="mailto:ois@usc.edu">ois@usc.edu</a> <a href="http://www.usc.edu/ois">www.usc.edu/ois</a>
Family/Last Name: _____	First Name: _____	
USC ID Number: _____	SEVIS Number: <b>N000</b>	
First Semester at USC: _____	Date of Birth: _____	
Telephone Number: _____	Degree Objective: <input type="checkbox"/> Bach <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____	
Field of Study: _____	Citizenship: _____	
Expected Graduation: _____	Email Address: _____	
Local U.S. Address: _____		

**APPLICATION FOR OPT I-20 CHECKLIST**

- ☐ Fill-out top portion of OIS form above
- ☐ Indicate type of OPT requested and Start/End date below
- ☐ Have Academic Advisor sign Graduation Verification below
- ☐ Attach copy of PAGE 1 of your most recent I-20 to this OIS form
- ☐ Submit to OIS front desk for processing

*Please return to OIS 10 business days after SUBMITTING APPLICATION to pick-up your OPT I-20. You will then receive a checklist of what to assemble and send to USCIS. This list is also found in the 12-Month OPT online workshop at [www.usc.edu/ois](http://www.usc.edu/ois)*

**REQUESTED OPT START/END DATE**

**Pre-completion OPT\*** ☐ Full - Time ☐ Part-Time

*\*For full-time pre-completion OPT (before graduation), a memo is required from your department verifying completion of coursework (excluding thesis or dissertation)*

**Post-completion OPT:**

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Have you done OPT before and received an EAD card? If yes, for what level of degree earned?**

☐ Bachelors ☐ Masters ☐ Doctoral ☐ Other, please specify: \_\_\_\_\_

**GRADUATION VERIFICATION BY ACADEMIC ADVISOR**

The student above has presented to my office the necessary documents to apply for graduation.

Expected graduation date is: \_\_\_\_\_

Current GPA: \_\_\_\_\_ # of units completed: \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Academic Advisor Name (please print) \_\_\_\_\_ School/Department \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

Office use: \_\_\_\_\_ units for \_\_\_\_\_. Restrictions: \_\_\_\_\_. RCL: \_\_\_\_\_.

USC Student Affairs