

12-Month OPT I-20 RequestRevised
09/15

Today's Date: _____	Gender: _____
Family/Last Name: _____	First Name: _____
USC ID Number: _____	SEVIS Number: N00 _____
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: _____	

Please indicate the requested OPT type and start/end dates:☐ **Pre-completion OPT**
☐ Full-Time* ☐ Part-Time

**For full-time pre-completion OPT, a departmental memo is required to verify completion of coursework (excluding thesis or dissertation)*

☐ **Post-completion OPT** (Full-Time only)
Requested OPT Start Date: _____ **Requested OPT End Date:** _____
Have you previously completed OPT and received an EAD card? If yes, for what level of degree?
☐ Bachelors ☐ Masters ☐ Doctoral ☐ Other, please specify: _____
Important Reminders:

- Academic Advisor signature required on Graduation Verification below. Dual major students must have both departments verify graduation
- Attach photocopy of PAGE 1 of most recent I-20
- Submit completed request form to OIS front desk for processing
- Return to OIS in 7 business days after submitting application to pick-up OPT I-20. A checklist of what to assemble and send to USCIS will be attached to new I-20

Academic Advisor Graduation Verification

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 Name (please print)	Signature	School/Department	Ext.	Date
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Office use: _____ units for _____. Restrictions: _____. RCL: _____.