

REQUEST FOR EMPLOYMENT AUTHORIZATION

Name:		
Family	First	Middle
Phone Number: ()	Date of Birth:	
	Month	Date
		Year
Major Field of Study:	Level of Education Currently Completing:	
Graduation Date:	University Email Address:	
If you completing a dissertation or thesis, what will be your defense date?	Personal Email Address:	

For OPT Applicants (Graduate Students): If you have completed all coursework, but have not graduated, you must register for residency or candidacy each spring and fall semesters. This must be done before the last date to register each term.

Please indicate the semester all coursework completed: _____

INDICATE THE TYPE OF OFF CAMPUS EMPLOYMENT AUTHORIZATION REQUESTED	
<input type="checkbox"/> Optional Practical Training (OPT) <input type="checkbox"/> Pre-Completion Optional Practical Training <input type="checkbox"/> Post-Completion Optional Practical Training <input type="checkbox"/> STEM Extension Optional Practical Training <input type="checkbox"/> Curricular Practical Training (CPT) <input type="checkbox"/> Economic Hardship	
Are you requesting:	
<input type="checkbox"/> Part Time (1-20 hours per week)	<input type="checkbox"/> Full Time (more than 20 hours per week)
REQUESTED BEGIN DATE: _____	
REQUESTED END DATE: _____	

LIST ALL PERIODS OF PREVIOUSLY AUTHORIZED OFF CAMPUS EMPLOYMENT			
<u>CURRICULAR PRACTICAL TRAINING</u>		<u>OPTIONAL PRACTICAL TRAINING</u>	
DATES (FROM - TO)	FT or PT	DATES (FROM-TO)	FT or PT

Signature **Date**