



**INTL - OPT APPLICATION FORM**

This form is provided for your convenience. The information requested is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for optional practical training. Practical Training is defined as paid employment directly related to the student's field of study. Please fax this form and the latest version of I-765 at <https://www.uscis.gov/i-765> to 315 792 7221. EMAIL COPY WILL NOT BE ACCEPTED.

The Office of International Admissions & Student Services will authorize your I-20 with OPT within three business day.

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Email: \_\_\_\_\_

Current U.S. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Home Country Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone in Home Country: (\_\_\_\_\_) \_\_\_\_\_

Degree Level: \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ Ph.D.

Major: \_\_\_\_\_

Type of OPT: \_\_\_\_\_ Pre-Completion OPT \_\_\_\_\_ Post-Completion OPT

New OPT Start Date: \_\_\_\_\_(MM)\_\_\_\_\_(DD)\_\_\_\_\_(YYYY)

New OPT End Date: \_\_\_\_\_(MM) \_\_\_\_\_(DD) \_\_\_\_\_(YYYY)

