



Virginia State University

Optional Practical Training (OPT)



Please complete this form and all related documents and return them to the Office of International Education, located on the second floor of Foster Hall, Room 210.

Please contact BennettOIE@vsu.edu if you need assistance completing this form.

Name:

V-Number:

Major:

Graduation Date:

OPT Requested:

Post-Completion OPT

Pre-Completion OPT

Full-Time

Part-Time

Requested OPT Start Date:

Requested OPT End Date:

I understand that I am responsible for remaining compliant during my OPT.

I am aware of your reporting requirements and agree to comply with such.

I understand that I must report any change of my name or address to my PDSO within 10 days.

I understand that if I accrue more than 90 days of unemployment during my post-completion OPT, I will be violating the requirements for remaining in valid F-1 status.

By signing this form, I attest that the above information is accurate to the best of my knowledge.

Printed Name:

Date:

Signature: