

OPT Request Form

Before completing this form, make sure you have completed the International Admissions Graduation Checklist and Exit Survey, the steps to graduate in WebAdvisor, that you have all prior I-20s in your possession, and have gathered the documents needed on the Checklist for OPT. This request for OPT should be made 30 days before graduation.

TCC Email Address:			TCC Student ID#: SEVIS Email Address: 1-20 Expiration Date*:					
						of Degree must be	e:active in WebAdvisor, match your I-20,	 and be set for completion
					Current Semester Enrolled:			Expected Graduation Date:
Numbe	er of Cou	urses in Progress to Complete Degree:						
If you	ır I-20 is	• •	tened to reflect your graduation date. Your 60-day grace the end of the current term.					
In orde	er to issu	ue the I-20 and OPT letter, you must	answer the following 4 questions:					
	a.	Please Note: This is a request date as	day grace period (60 days after I-20 end date/graduation and may be changed by USCIS if you are approved for OPT. Defore your 60 days after I-20 ends. USCIS response time is					
2.	What type of employment hours are you requesting?							
	a.	(Check One) Part-Time (PT)						
	b.	If you decide to do Part-Time emplo decide to do Full-Time employment, t	(21-40 hours/week) yment, then you can only do Part-Time employment. If you hen you can only do Full-Time employment. Any Part-Timer will be in violation. Any Full-Timer that is doing Part-Time					
3.		Specific job title will you be seeking? (
a. You must list at least 2 jobs related to the degree you will be completing.i. Visit <u>U.S. Department of Labor</u> and search by occupation.								
		1. Visit <u>U.S. Department of Lac</u> 1. Provides list of job t						
			provide more information including work activities and					
		education.	The same and the s					
			ogram CIP codes and job titles in the blanks below:					
		i. Ex	x: 41-2031.00-Retail Salesperson					
		ii. Job Title 1 :						
		iii. Job Title 2:						

4. What company do you want to work for?						
a. You must list at least one company.						
b. Company Name:_						
Additional Comments:						
Student Signature:		Date:				
Please email the completed form to <u>international admissions@tccd.edu</u> with the following subject line:						
OPT Request (TCC ID #)						
of Frequest (Fee in ")						
FOR INTER	RNATIONAL ADMISSI	ONS OFFICE	USE ONLY:			
Date Received:	Processed by:					
☐ Request Approved	☐ Request De	equest Denied				
Notes/Comments:						
	,					
Date Processed:) T'.' 1				
Student Notified:	Processo	or's Initials:				