

OPT Request Form

Before completing this form, make sure you have completed the International Student Admissions & Compliance 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:	
			I-20 Expiration Date*:	
Name	of Degre	e:		
Degree	must be	active in WebAdvisor, match your I-20, a	nd be set for completion	
Current Semester Enrolled:			Expected Graduation Date:	
Numb	er of Cou	urses in Progress to Complete Degree:_		
If you	ur I-20 is		ened to reflect your graduation date. Your 60-day grace he end of the current term.	
In orde	er to issu	ue the I-20 and OPT letter, you must a	nswer the following 4 questions:	
1.	What date do you want to request your OPT to begin?			
	a.		ay grace period (60 days after I-20 end date/graduation	
	b.		d may be changed by USCIS if you are approved for OPT.	
		You must request your OPT to start be about 2-4 months to review OPT applications.	fore your 60 days after 1-20 ends. USCIS response time is ations.	
2.	What type of employment hours are you requesting?			
	a.	(Check One) Part-Time (PT)	Full-Time (FT)	
		(1-20 hours/week)		
	b.	If you decide to do Part-Time employn	nent, then you can only do Part-Time employment. If you	
		decide to do Full-Time employment, the	en you can only do Full-Time employment. Any Part-Timer	
		that is doing Full-Time employment wi	ill be in violation. Any Full-Timer that is doing Part-Time	
		employment will be in violation.		
3.	What S	Specific job title will you be seeking? (S	ee Below)	
	a.	a. You must list at least 2 jobs related to the degree you will be completing.		
		i. Visit <u>U.S. Department of Labo</u>	or and search by occupation.	
		1. Provides list of job tit	les.	
		-	provide more information including work activities and	
		education.		
			gram CIP codes and job titles in the blanks below:	
			41-2031.00-Retail Salesperson	
		ii. Job Title 1 :		
		iii - Job Title 2 [.]		

4. What company do you want	t to work for?				
a. You must list at least one company.					
b. Company Name:					
Additional Comments:					
Student Signature	Date·				
Student Signature.	Dutc				
Please email the completed form t	o internationaladmissions@tccd.e	du with the following subject line:			
	OPT D /TCC ID #				
	OPT Request (TCC ID #)				
	AL STUDENT ADMISSIONS & CO.	MPLIANCE USE ONLY:			
Date Received:	Processed by:				
☐ Request Approved	☐ Request Denied	☐ More Information Needed			
Notes/Comments:					
Date Processed:	D				
Student Notified:	Processor's Initials:				