



Office of International, Immigrant, Undocumented, DACAdmented, and Refugee Students

c/o Unity Center, Donovan Dining Center — Lower Level
600 Mount Pleasant Avenue, Providence, RI 02908-1991
(401) 456-8549 • Fax (401) 456-8821 • kmascorro@ric.edu

F-1 Optional Practical Training (OPT) Request Form

Section 1. To be completed by F-1 Student

Specific dates of employment requested: (month / day / year): ____/____/____ to ____/____/____

(For a full year of OPT, the end date will be one day before the start date in the following year. *For example, if your start date is May 18, 2019, your end date for a full year of OPT will be May 17, 2020.*)

Please select one: Part Time ____ Full time ____

I authorize the ISO to share my program completion date with RIC department administrators if needed.

Student Signature: _____ **Name** (please print) _____ **Date:** _____

Section 2: To be completed by the Academic Advisor

The above-named student is seeking permission from the International Student Office to request OPT employment authorization from the U.S Citizenship and Immigration Services (USCIS), which allows F-1 visa students to work in their major field(s) of study.

Completion Dates: This date typically is the date of expected graduation. The completion date takes into consideration the defense date and thesis deadline set forth by RIC. After the student officially graduates / completes, they are no longer eligible to work on-campus without OPT employment authorization from USCIS.

- **Pre-Completion Continuing Students:** The above-named student is a full-time student in the Department of _____ expecting to complete a _____ (B.A., B.S, M.A., M.S., Ph.D.) degree by _____ expected date of completion. The practical training employment related to the student's program of study is part-time (20 hours/week or less) during the academic year OR either part- or full-time during RIC vacation.
- **Pre-Completion Full-Time OPT for Master/PhD Students:** Continuing students who have completed all coursework and would like to pursue full-time OPT while completing their dissertation. Must be ABD. The above-named student is a full-time student in the Department of _____ expecting to complete degree by _____.
- **Post-Completion Graduating Students:** The above named student will complete all program requirements for the _____ (B.A., B.S., M.A., M.S., M.S.W., Ph.D.) degree on _____ (completion date).
- **Post-Completion Thesis/ Dissertation** or equivalent required for degree: Continuing students who have completed all course work and would like to pursue full-time OPT while completing their dissertation. Must be ABD. The above-named student will complete all required courses for the _____ (M.A., M.S., M.S.W, Ph.D.) degree on _____ (completion date). Student is submitting a thesis/dissertation or equivalent to complete degree requirements. Expected Date of Thesis Completion: _____.

Advisor's Signature

Advisor's name and title (please print)

Date

A note of caution: Working without authorization is violating your status and may result in your loss of eligibility for benefits.