



Application for Optional Practical Training for F-1 Students

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Part A. Personal Information

Name of the student: Mr./Ms.: _____
(Last) (First) (Middle)

Student ID#: _____ Phone number: _____ Email: _____

Current U.S. Address: _____
(Street address) (City, State, Zip)

Major: _____ Degree level: _____

Name of the Academic Advisor: _____ Anticipated graduation date: Fall / Spring 20 _____

Part B. Employment Information

Have you applied for off-campus employment before? Yes No

If yes, what type (please check only one)? OPT CPT Severe Economic Hardship

Dates of authorized off-campus employment: From _____ to _____

What type of OPT are you applying for? Pre-Completion OPT Post-Completion OPT

Describe your proposed employment and how it relates to your major:

The above statement is true for the following semester: Fall/Spring 20 _____

Student's signature: _____ Date: _____

For ISP use only

- Verify eligibility for the benefit
- Give the student "OPT Application Process" Handout
- Update SEVIS with a recommendation for OPT
- Print and sign the Form I-20 with DSO recommendation on page 3

DSO's signature: _____ Date: _____