



THE UNIVERSITY OF ALABAMA®  
THE CAPSTONE OF HIGHER EDUCATION

**International Student & Scholar Services**  
**Optional Practical Training Seminar**

[http://international.ua.edu/iss/currentstudents/  
student-employment/#opt](http://international.ua.edu/iss/currentstudents/student-employment/#opt)





# **Optional Practical Training (OPT)**

**OPT is a 12 month temporary employment authorization that provides an opportunity for F-1 students to apply knowledge acquired from their academic program to a work experience in their major field of study.**

## **Training is:**

### **☐ Temporary**

- ☐ You remain on an F-1 nonimmigrant visa, however your employment may lead to a H-1B work visa

### **☐ Optional**

- ☐ Not part of a curriculum (unlike CPT)
- ☐ You either use OPT or you don't

### **☐ Paid or Unpaid**

- ☐ Emphasis is on training, not on paid status.





# **Types of Work Allowed on OPT**

- ☐ **Regular paid employment in a position related to your degree**
- ☐ **Payment by multiple short-term employers**
- ☐ **Work for hire (sometimes referred to as 1099 employment based on contractual work)**
- ☐ **Self-employed business owner**
- ☐ **Employment through an agency**
- ☐ **Volunteer work or unpaid internships**





# Optional Practical Training (OPT)

## (cont.)

U.S. Department of Justice  
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student  
Status - For Academic and Language Students (OMB NO. 1115-0051)

Page 1

Please read Instructions on Page 2  
This page must be completed and signed in the U.S. (in domestic and school office)

1. Family Name (surname): **Simpson**  
Middle Name: **Lisa**  
Country of birth: **Australia**  
Date of birth (month/year): **08/11/1979**  
Admission number: **000**  
U.S. MARSHAL SERVICE  
MA ADMITTED 2070  
JAN 1 8 2003  
CLASS UNTV

2. School (School district) name:  
**University of Miami**  
University of Miami Undergraduate  
School Official to be notified of student's arrival in U.S. (Name and Title):  
**Seymour Skinner**  
Seymour Skinner  
School address (include zip code):  
**5400 Merrick Drive, 21-F  
Coral Gables, FL 33124-5550**  
School code (including 3-digit prefix, if any) and approval date:  
**09/10/2002**  
Approved on: **09/10/2002**

3. This certificate is issued to the student named above for:  
Continued attendance at this school.

4. Level of education the student is pursuing or will pursue in the United States:  
**BACHELOR'S**

5. The student named above has been accepted for a full course of study at this school, majoring in **Advertising**.  
The student is expected to report to the school no later than **01/27/2003** and complete studies not later than **05/12/2005**. The normal length of study is **45** months.

6. English proficiency:  
This school requires **English proficiency**.  
The student has **English proficiency**.

7. This school estimates the average costs for an academic term of **9** (up to 12) months:  
a. Tuition and fees \$ **24,810.00**  
b. Living expenses \$ **11,642.00**  
c. Expenses of dependents (if any) \$ **0.00**  
d. Other (specify): Books/fees \$ **775.00**  
Total \$ **36,647.00**

8. This school has information showing the following at the student's means of support, estimated for an academic term of **9** months (Use the same number of months given in item 7).  
a. Student's personal funds \$ **0.00**  
b. Funds from this school \$ **0.00**  
Specify type:  
c. Funds from another source \$ **36,647.00**  
Specify type: **Family**  
d. On-campus employment \$ **0.00**  
Total \$ **36,647.00**

9. Remarks:

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct. I executed this form after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, and proof of financial responsibility, which were received at the school prior to the execution of this form. I certify that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as designated by 8 CFR 214.2(b)(6); I am a designated official of the above named school and am authorized to issue this form.  
**Seymour Skinner** Student and scholar service **01/10/2003** **Coral Gables, FL**  
Name of School Official Signature Title Date Issued Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information needed by the DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.  
**Lisa Simpson** Student **01/10/2003**  
Name of Student Signature Date

Name of parent or guardian: \_\_\_\_\_ Address (city) \_\_\_\_\_ (State or Province) \_\_\_\_\_ (Country) \_\_\_\_\_  
If student under 18 Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Form I-20 A-B (Rev. 04-27-83)N For Official Use Only  
Microfilm Index Number \_\_\_\_\_

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

1-20, Certificate of Eligibility for Nonimmigrant Student Status  
OMB NO. 1625-0055

SEVIS ID: **N0004705512**

SURNAME/PRIMARY NAME  
**Doer Smith**  
GIVEN NAME  
**John**  
CLASS  
**F-1**  
ACADEMIC AND LANGUAGE

REFERRED NAME  
**John Doer-Smith**  
PASSPORT NAME  
**John Doer-Smith**  
COUNTRY OF BIRTH  
**UNITED KINGDOM**  
DATE OF BIRTH  
**1 JANUARY 1985**  
ADMISSION NUMBER  
**00000000000000000000**  
LEGACY NAME  
**John Doer-Smith**

SCHOOL INFORMATION  
SCHOOL NAME  
**SEVP School for Advanced SEVIS Studies**  
SCHOOL ADDRESS  
**9000 Kelley Lane, Ft. Washington, MD 20744**  
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL  
**Belen Robertson**  
SCHOOL CODE AND APPROVAL DATE  
**03 APRIL 2015**

PROGRAM OF STUDY  
EDUCATION LEVEL  
**BACHELOR'S**  
MAJOR 1  
**Business, General**  
MAJOR 2  
**None**  
NORMAL PROGRAM LENGTH  
**4**  
PROGRAM ENGLISH PROFICIENCY  
**Beginner**  
ENGLISH PROFICIENCY NOTES  
**Student is proficient**  
PROGRAM START DATE  
**20 MAR 2015**  
PROGRAM END DATE  
**31 MAY 2021**

FINANCIAL INFORMATION  
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS  
Tuition and Fees \$ **23,600**  
Living Expenses \$ **4,600**  
Expenses of Dependents (1) \$ **3,600**  
Other \$ **0**  
TOTAL \$ **32,000**  
STUDENT'S FUNDING FOR: 9 MONTHS  
Scholarship and Teaching Assistantship \$ **0**  
Funds From Another Source \$ **0**  
On-Campus Employment \$ **0**  
TOTAL \$ **0**

REMARKS  
Orientation begins 8/25/2015. Please report to ISSS upon arrival.

SCHOOL ATTESTATION  
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of course work and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(b)(6). I am a designated school official of the above named school and am authorized to issue this form.  
**Belen Robertson** Student and scholar service **21 April 2015** **Ft. Washington, MD**  
Name of School Official Signature Date Issued Place Issued

STUDENT ATTESTATION  
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.  
**John Doer-Smith** Student **21 April 2015**  
Name of Student Signature Date

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

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❑ Must be related to your major field of study on the current degree level (item 5 on old I-20; Program of Study on new I-20)

❑ Cannot be authorized to work in minor/ previous degree





# **Optional Practical Training (OPT)**

## **(cont.)**

- ☐ **Job offer is not necessary for OPT employment authorization approval**
- ☐ ***Recommended* by International Student & Scholar Services**
- ☐ ***Authorized* by USCIS (US Citizenship & Immigration Services)**





# OPT Eligibility

- ☐ **Maintaining lawful F-1 status**
- ☐ Cannot begin employment until you have completed at **least 1 full academic year in status** (not in an English training program)
- ☐ Intend to get a job directly related to your program of study
- ☐ Have not completed more than **364 days of full-time Curricular Practical Training (CPT)** at this degree level
- ☐ Have **not been authorized for** an equivalent of **12 months of OPT** work authorization for the **same degree level or higher**





# When OPT Can Occur

- ❑ **Prior to Degree Completion (Pre-completion OPT)**
  - ❑ During annual vacation (e.g. summer break)
  - ❑ While school is in session (Fall and Spring Semesters):  
Only part-time OPT is allowed (your on-campus and off-campus employment is limited to 20 hours per week)
  - ❑ When all course work has been completed and only thesis/dissertation or an equivalent remains)
  
- ❑ **After Degree Completion (Post-completion OPT)**
  - ❑ Once all degree requirements are completed: Full-time OPT is Allowed
  - ❑ Post-completion OPT is the most common.





# Duration of OPT

- ☐ **Maximum OPT work benefit is 12 months of employment**
  - ☐ Part-time and full-time OPT are subtracted at the same rate (e.g., part-time is not subtracted at a 1/2 rate)
  - ☐ **Pre-completion OPT** is subtracted from the 12 month OPT benefit
  - ☐ **Pre- and Post-completion OPT combined** cannot exceed 12 months
- ☐ Must complete initial **Post-Completion OPT no later than 14 months after your program end date** regardless of the OPT employment start date
- ☐ **STEM Fields** may be eligible for a **24-month extension** of OPT- <http://international.ua.edu/iss/currentstudents/student-employment/#stem>





# When to Apply for OPT

**USCIS application processing may take 3 months**  
**so plan ahead and submit applications early.**

## ☐ **Applying for Pre-completion OPT (to be able to work before graduation)**

- ☐ During 1<sup>st</sup> year: As early as 90 days before completing your first academic year in status
- ☐ After 1<sup>st</sup> year: As early as 90 days prior to the work authorization date you request.

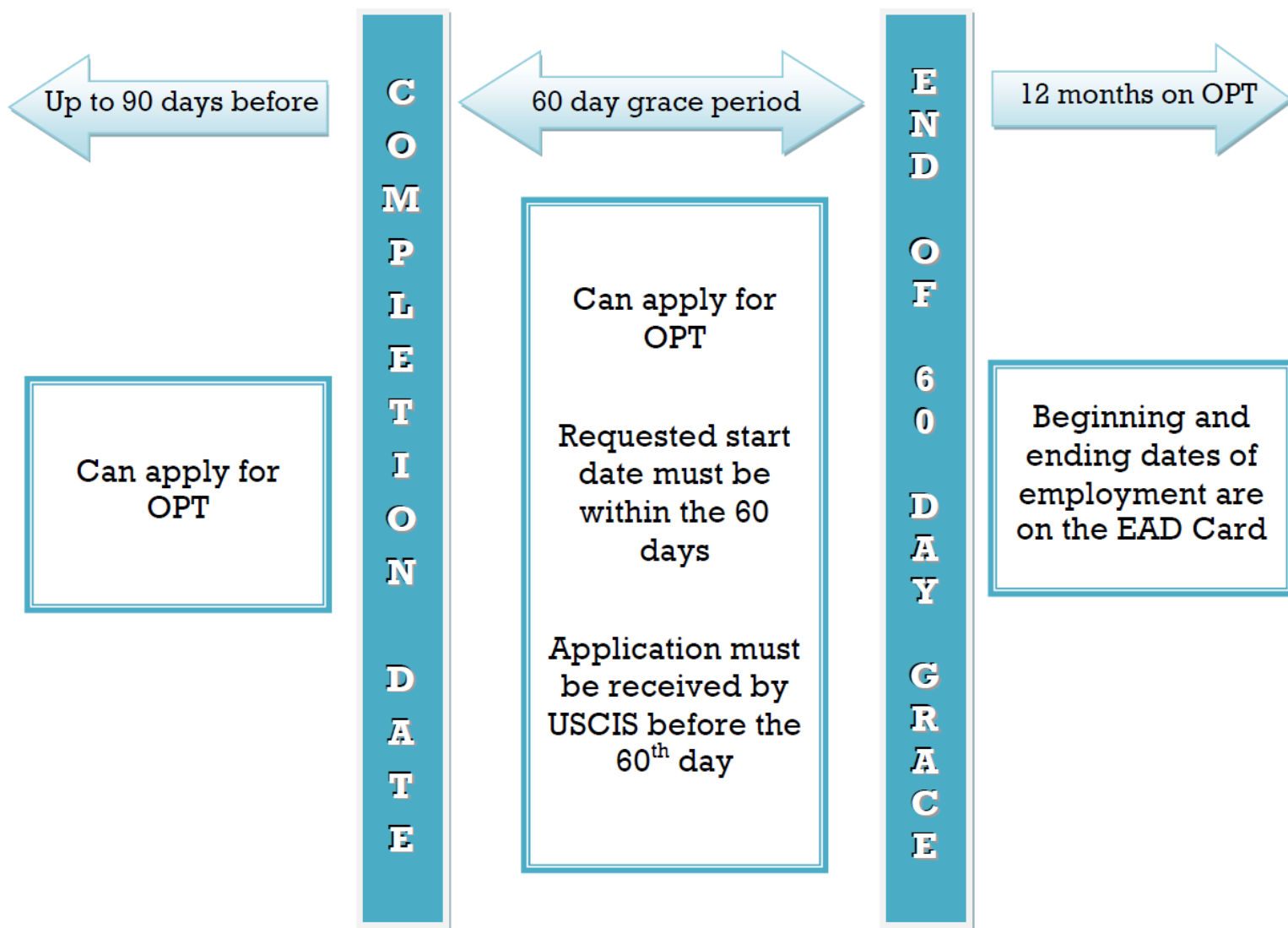
## ☐ **Applying for Post-completion OPT (to work after graduation)**

- ☐ As early as 90 days prior to your program end date. Your application must be *received* by USCIS by no later than 60 days after your program end date.





# Timeline for Post-Completion OPT







# Understanding Completion Date for Master's Programs

Master Student's Anticipated Final Semester	Date Final Thesis Submitted to ProQuest	Minimum 599 Thesis Research Hours Required by Graduate School	Latest End-Date for I-20/DS-2019 and On-Campus Employment
Fall 2020	Before 4:45 pm 08/26/2020	0 Hours 599	08/01/2020
	After 4:45 PM 08/26/2020	1 Hour 599	12/12/2020
Spring 2021	Before 4:45 pm 01/13/2021	0 Hours 599	12/12/2020
	After 4:45 PM on 01/13/2021	1 Hour 599	05/01/2021
Summer 2021	Before 4:45 pm 05/28/2021	0 Hours 599	05/01/2021
	After 4:45 PM on 05/28/2021	1 Hour 599	07/31/2021
Fall 2021	Before 4:45 pm 08/25/2021	0 Hours 599	07/31/2021
	After 4:45 PM 08/25/2021	1 Hour 599	12/11/2021
Spring 2022	Before 4:45 pm 01/19/2022	0 Hours 599	12/11/2021
	After 4:45 PM on 01/19/2022	1 Hour 599	05/07/2022





# Understanding Completion Date for Doctoral Programs

Doctoral Student's Anticipated Final Semester	Date Final Dissertation Submitted to ProQuest	Minimum 699 Research Hours Required by Graduate School	Latest End-Date for I-20/DS-2019 and On-Campus Employment
Fall 2020	Before 4:45 pm 08/04/2020	0 Hours 699	08/01/2020
	After 4:45 pm 08/04/2020 but before 4:45 pm 08/26/2020	1 Hour 699	12/12/2020
	After 4:45 PM on 08/26/2020	3 Hours 699	12/12/2020
Spring 2021	Before 4:45 pm 12/15/2020	0 Hours 699	12/12/2020
	After 4:45 pm 12/15/2020 but before 4:45 pm 01/13/2021	1 Hour 699	05/01/2021
	After 4:45 PM 01/13/2021	3 Hours 699	05/01/2021
Summer 2021	Before 4:45 pm 05/04/2021	0 Hours 699	05/01/2021
	After 4:45 pm 05/04/2021 but before 4:45 pm 05/28/2021	1 Hour 699	07/31/2021
	After 4:45 PM on 05/28/2021	3 Hours 699	07/31/2021
Fall 2021	Before 4:45 pm 08/03/2021	0 Hours 699	07/31/2021
	After 4:45 pm 08/03/2021 but before 4:45 pm 08/25/2021	1 Hour 699	12/11/2021
	After 4:45 PM 08/25/2021	3 Hours 699	12/11/2021
Spring 2022	Before 4:45 pm 12/14/2021	0 Hours 699	12/11/2021
	After 4:45 pm 12/14/2021 but before 4:45 pm 01/19/2022	1 Hour 699	05/07/2022
	After 4:45 PM on 01/19/2022	3 Hours 699	05/07/2022





# OPT Application Process

Make an appointment for OPT Processing by contacting ISSS at [international@ua.edu](mailto:international@ua.edu) or **205-348-5402** or book an [appointment online](#).

To see dates and times visit [ISSS calendar](#).

## You MUST bring the following to the OPT Appointment:

- ❑ OPT form vital details (Page 4 of the [OPT Application Packet](#))
- ❑ Signed responsibility agreement (Page 5 of [OPT Application Packet](#))
- ❑ Recommendation from your Academic Adviser/Department (Page 6 of [OPT Application Packet](#))
- ❑ Complete Form I-765 [www.uscis.gov/i-765](http://www.uscis.gov/i-765) (sample on Pages 8 - 14 of [OPT Application Packet](#))
- ❑ Photocopies of:
  - ❑ All I-20s,
  - ❑ Main passport page,
  - ❑ Most recent visa stamp (even expired),
  - ❑ I-94 record (can be accessed at [www.cbp.gov/i-94](http://www.cbp.gov/i-94)), and
  - ❑ Photocopy of old EAD Card if ever on work authorization before
- ❑ Two identical passport photos - 2 in. x 2 in. (or 5cm x 5cm)
- ❑ Check or money order for \$410.00 made payable to "U.S. Department of Homeland Security"






# OPT Packet – Page 4

- ❑ [OPT Application Packet](#) - page 4 collects vital details. Please type responses directly into the fillable form.
- ❑ Requested Employment Dates
  - ❑ Must start within 60 days of your program completion date
  - ❑ End date can be no later than 12 months from your requested start date (minus any pre-completion OPT time)



		Capstone International Center International Student & Scholar Services		<b>F-1 OPT Optional Practical Training Application</b>	
105 B.B. Comer Hall   Box 870254   Tuscaloosa, AL 35487-0254   TEL: 205-348-5402 <a href="mailto:INTERNATIONAL@UA.EDU">INTERNATIONAL@UA.EDU</a>   <a href="http://INTERNATIONAL.UA.EDU/TSSS/">HTTP://INTERNATIONAL.UA.EDU/TSSS/</a>					
<b>BIOGRAPHIC INFORMATION</b>					
Full Name (as in passport): _____ Family/ Last Name (Surname) Given Name (First) Middle Name (if any)					
Date of Birth (mmm/dd/yyyy - i.e. March 27, 1975): _____ Gender: <input type="checkbox"/> male <input type="checkbox"/> female					
UA Campus-Wide ID (CWID) Number: _____ SEVIS I-20# N _____					
<b>CONTACT INFORMATION</b>					
Current Mailing Address: _____					
Phone Number: _____ E-Mail Address: _____					
<b>ACADEMIC PROGRAM (MAJOR AND EXPECTED GRADUATION DATE)</b>					
Degree Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral Expected Graduation Date: _____ ► Academic Major(s): _____ (mmm/dd/yyyy - i.e. Dec. 15, 2013)					
<b>PRACTICAL TRAINING DATA</b>					
Type of Optional Practical Training You Are Seeking: <input type="checkbox"/> Pre-Completion <input type="checkbox"/> Post-Completion				Weekly Duration of Requested Training <input type="checkbox"/> Part-Time (20 Hours/Wk or less) <input type="checkbox"/> Full-Time (More than 20 Hours/Wk)	
Requested Work Start-Date: _____		Requested Work End-Date: _____		Are you working on-campus now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you completed more than 12 months (364 days) of full-time CPT? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received prior OPT Authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD	
<b>EMPLOYER DATA (IF KNOWN)</b>					
Employer Name & Address: _____					
Supervisor's Name: _____			Supervisor's Phone: _____		
Supervisor's Email: _____			Your Job Title: _____		
<b>DOCUMENT AND REQUIREMENT CHECKLIST</b>					
<input type="checkbox"/> Completed application form <input type="checkbox"/> Signed Student Responsibility Checklist <input type="checkbox"/> Academic Adviser's recommendation <input type="checkbox"/> Copies of all I-20s <input type="checkbox"/> Copy of main passport page <input type="checkbox"/> Copy of most recent visa stamp <input type="checkbox"/> Copy of I-94 - <a href="https://i94.cbp.dhs.gov/I94/request.html">https://i94.cbp.dhs.gov/I94/request.html</a>			<input type="checkbox"/> Completed Form I-765 - <a href="http://www.uscis.gov/i-765">www.uscis.gov/i-765</a> <input type="checkbox"/> 2 passport-style photos (2 x 2 inches) <input type="checkbox"/> Check/Money Order to "Department of Homeland Security" for \$410 <input type="checkbox"/> 1 academic year in status <input type="checkbox"/> Maintained full-time enrollment		
<b>ISSS NOTES</b>		<b>Advisor's Initials</b>		<b>Date Received</b>	
				<b>Date Completed</b>	





# OPT Packet Page 5

- ❑ Page 5 of [OPT Application Packet](#) is a responsibility agreement.
- ❑ Please read each point carefully before checking and agreeing.

## STUDENT RESPONSIBILITY AGREEMENT

*While on practical training you must continue to abide by the rules and regulations governing your visa status. Please carefully read the statements below and place a check mark in the box next to each statement that applies to the type of practical training application that you are applying for. Sign at the bottom of the page. Your check marks and signature indicate your understanding and agreement to abide by the statements made.*

## OPTIONAL PRACTICAL TRAINING RESPONSIBILITY CHECKLIST

- ☐ I understand that Optional Practical Training has been recommended by International Student & Scholar Services and that I must obtain practical training authorization from the US Citizenship and Immigration Services (USCIS) before I can begin work.
- ☐ I understand that I must notify International Student & Scholar Services immediately if, after applying for OPT, I learn that I must take an additional course in order to graduate, as this will affect my work eligibility.
- ☐ I understand that if post-completion OPT is recommended on the basis of having completed all course requirements for a graduate degree and only thesis/dissertation remains, it is my responsibility to continue enrollment in thesis/dissertation credit hours and make normal progress toward my graduate degree completion. International Student & Scholar Services may refuse to recommend a STEM OPT extension if I have not earned my degree at the time of applying.
- ☐ I understand that the USCIS may refuse to grant practical training if I do not submit all of the required application materials or fail to provide copies of all of the I-20s that have been issued to me at all the schools I have attended.
- ☐ I understand that International Student & Scholar Services is not responsible for the amount of time it takes for USCIS to process my application.
- ☐ I understand that the period of practical training authorized by USCIS will allow me to work in my field of study only during the dates specified on the Employment Authorization Document (EAD) issued by the USCIS.
- ☐ I understand that I must receive my EAD card and it must be at least the start date indicated on it in the authorized employment period in order for me to begin employment.
- ☐ I understand that my passport must be valid at the time of optional practical training authorization and it is my responsibility to maintain passport validity throughout the duration of my program.
- ☐ I understand that I am required by current immigration regulations to report the following to International Student & Scholar Services within 10 days of any change of: legal name; residential or mailing address; employer name; employer address; and/or loss of employment.
- ☐ I understand that I am required by current immigration regulations re-verify employer and residential address information with International Services every 6 months, even if there is no change.
- ☐ I understand that I may not accrue more than 90 days of unemployment during the initial 12-month OPT period.
- ☐ I understand that if I travel before or after the EAD is issued, International Student & Scholar Services assumes no responsibility for any difficulties I encounter. I also understand that (1) If I travel before the EAD is issued then upon my attempt to re-enter the U.S., I may be asked for evidence to show that I am looking for a job, (2) if I travel after my EAD is issued I can only reenter the U.S. to RESUME employment, which means that I must already have a job or a job offer, (3) I acknowledge that if I travel while the EAD application is pending and the EAD card is issued prior to my return to the U.S., that I must have a job upon my re-entry to the U.S.
- ☐ I understand that it is my responsibility to obtain a travel signature from International Student & Scholar Services if I am going to travel outside the U.S. while I am on OPT and also understand that a travel signature is only valid for 6 months during the OPT authorization period.

I certify that the above information is correct and complete, and that I shall notify UA of any change in my personal information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# OPT Packet Page 6 - Recommendation



Capstone International Center  
International Student & Scholar Services

105 B.B. Comer Hall | Box 870254 | Tuscaloosa, AL 35487-0254 | TEL: 205-348-5402  
[INTERNATIONAL@UA.EDU](mailto:INTERNATIONAL@UA.EDU) | [HTTP://INTERNATIONAL.UA.EDU/ISSS/](http://INTERNATIONAL.UA.EDU/ISSS/)

**Academic  
Adviser's  
Recommendation**

- ❑ Recommendation from your Academic Adviser/Department (page 6 of [OPT Application Packet](#))
- ❑ Make sure that the graduation/completion date is entered first and major/degree field is second.
- ❑ For graduate students in thesis/dissertation research hours.
- ❑ For Pre-completion internships/work that can't be authorized under CPT.

TO BE COMPLETED BY ACADEMIC ADVISER & CHAIR	
Name of Student:	
CWID Number:	Level of Study:
Major Field(s) of Study:	
UA Academic Department:	
Adviser's Name:	
Adviser's Title:	
Adviser's Phone Number:	Email:
<b>INSTRUCTIONS TO ACADEMIC ADVISER:</b> Please select and complete the appropriate recommendation-type and sign at the bottom.	
<input type="checkbox"/> <b>RECOMMENDATION FOR OPT AFTER COMPLETION OF PROGRAM OF STUDY/GRADUATION</b> This letter is written to confirm that the above named student completed/will complete all requirements for his/her degree on _____. In order for him/her to receive the full benefit of his/her education, it would be beneficial for _____ to receive practical experience in the field of _____ in this country. Therefore, I recommend that s/he be granted practical training.	
<input type="checkbox"/> <b>RECOMMENDATION FOR OPT AFTER COMPLETION OF ALL GRADUATE COURSE REQUIREMENTS</b> The above named student is a full-time graduate student in the Department of _____. S/he has completed all course requirements for the degree on _____ and is taking additional research hours in order to complete the dissertation/thesis. S/he expects to complete the degree by _____. In order for the student to receive the full benefit of his/her education, it would be beneficial for him/her to receive practical training in the field of _____ beginning _____ in this country. The student will continue to enroll in dissertation/thesis research hours for the duration of the remaining academic program as required by the Graduate School.	
<input type="checkbox"/> <b>RECOMMENDATION FOR PRACTICAL TRAINING DURING SCHOOL VACATION PERIOD</b> The above named student is a full-time student in the Department of _____. S/he expects to complete his/her degree by _____. The Department of _____ recommends that s/he be authorized practical training to engage in employment related to his/her program of study during his/her vacation period. We consider such an experience beneficial to a student's program of study.	
<input type="checkbox"/> <b>RECOMMENDATION FOR PART-TIME PRACTICAL TRAINING DURING ACADEMIC YEAR</b> The above named student is a full-time student in the Department of _____ expecting to complete his/her degree by _____. The Department of _____ recommends that s/he be authorized practical training to engage in part-time, off-campus, degree-related employment (20 hours/week or less) during the academic year. We consider such an experience beneficial to the student's program of study.	
<b>Required Signatures:</b>	
Adviser's Signature: _____	Date: _____
Chair's Signature: _____	Date: _____





# Photocopies and Photos

## ☐ Photocopies of:

- ☐ all I-20s (only the 1st and 2nd pages of the new I-20 or the 1st and 3rd of the old I-20 are needed),
- ☐ Main passport page,
- ☐ Most recent visa (even expired),
- ☐ I-94 record (can be accessed at [www.cbp.gov/i-94](http://www.cbp.gov/i-94)), and
- ☐ Photocopy of old EAD Card if ever on work authorization before

- ☐ Two identical passport photos (2"x2") (write the I-94 number & your name on back in pencil)

U.S. Customs and Border Protection  
Securing America's Borders

Get I-94 Number | I-94 FAQ

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 69000888062

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

Individuals can visit [www.cbp.gov/I94](http://www.cbp.gov/I94) to retrieve a copy of their electronic Form I-94.







# I-765 Form

- ❑ You MUST complete Form I-765 [www.uscis.gov/i-765](http://www.uscis.gov/i-765)
- ❑ Example on pages 8 - 14 of [OPT Application Packet](#)
- ❑ Please type responses directly into the fillable form
- ❑ Print and sign the form in [blue ink](#)

**Application For Employment Authorization** USCIS Form I-765 (OMB No. 1615-0045) Expires 05/31/2010

**For USCIS Use Only**

☐ Authorization/Extension Valid From ☐ Fee Stamp ☐ Action Block

☐ Authorization/Extension Valid Through

Alien Registration Number A-

Remarks

**To be completed by an attorney or Board of Immigration accredited representative**

Select this box if Form G-28 attached. ☐ Attorney or Accredited Representative USCIS Online Account Number (if any)

**Part 1. Reason for Applying**

I am applying for (select only one box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

**Part 2. Information About You**

**Your Full Legal Name**

1.a. Family Name (Last Name) Elephant

1.b. Given Name (First Name) Al

1.c. Middle Name

**Other Names Use**

2.a. Family Name (Last Name) NA

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Family Name (Last Name)

2.e. Given Name (First Name)

2.f. Middle Name

2.g. Family Name (Last Name)

2.h. Given Name (First Name)

2.i. Middle Name

**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant's Statement**

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☐ The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understand everything.

2. ☐ At my request, the preparer named in Part 5, prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

3. Applicant's Daytime Telephone Number 2051234567

4. Applicant's Mobile Telephone Number (if any) 2057654321

5. Applicant's Email Address (if any) aelephant@oxlmon.us.edu

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is correct.

**Applicant's Signature**

7.a. Date of Signature (mm/dd/yyyy) 08/08/2018

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

1.a. Interpreter's Family Name (Last Name) NA

1.b. Interpreter's Given Name (First Name) NA

2. Interpreter's Business or Organization Name (if any)

**Part 5. Information About You (continued)**

**Your U.S. Mailing Address**

5.a. In Care Of Name (if any) CO USA ISS Office

5.b. Street Number and Name 400 McConvey Dr., Box 870254

5.c. Apt. ☐ Ste. ☐ Flr. ☐

5.d. City or Town Tuscaloosa

5.e. State AL S.F. ZIP Code 35487

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to Item Number 6, provide the information requested in Item Numbers 16.a. - 17.b.

**U.S. Physical Address**

7.a. Street Number and Name 200 Reads Street

7.b. Apt. ☐ Ste. ☐ Flr. ☐ 1540

7.c. City or Town Tuscaloosa

7.d. State AL 7.e. ZIP Code 35401

**Other Information**

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender ☒ Male ☐ Female

11. Marital Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765? ☒ Yes ☐ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☒ Yes ☐ No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security Number (SSN) (if any)

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15, Consent for Disclosure, to receive a card.) ☒ Yes ☐ No

NOTE: If you answered "No" to Item Number 14, skip other 18.a. If you answered "Yes" to Item Number 14, you must also answer "Yes" to Item Number 15.

15. I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☒ Yes ☐ No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

**Father's Name**

Provide your father's birth name.

16.a. Family Name (Last Name) Elephant

16.b. Given Name (First Name) Albert

**Mother's Name**

Provide your mother's birth name.

17.a. Family Name (Last Name) Elephant

17.b. Given Name (First Name) Alice

**or Countries of Citizenship or**

18.a. Country China

18.b. Country

NOTE: If you are currently a citizen or national, use a space to complete this item, use the space for 16. Additional Information.





# I-765 Filing Fee – Check or Money Order

Sample Person  
1 Main Street  
Tuscaloosa, AL 00000

1001

Date 12/23/2016

Pay to the order of U.S. Department of Homeland Security \$ 410.00

Four Hundred and Ten Dollars 00/100 Dollars

Memo OPT Application Fee

YOUR SIGNATURE

⑆ 123456789⑆ 987654⑆ 1001

- ☐ I-765 Filing Fee must be paid by check or money order for \$410.00 made payable to "U.S. Department of Homeland Security"





# Submitting OPT Application to USCIS

**During OPT Processing Appointment, ISSS will help you put the OPT packet together and will give you instructions on how to mail the application, but it is your responsibility to mail the application before the deadline.**

**USCIS must receive your application within the 30 days of issuing the new I-20 that recommends OPT.**

**In general, OPT applications should be mailed to:**

**USCIS Dallas Lockbox:**

USPS Deliveries:

USCIS

PO Box 805373

Chicago, IL 60680

Express Mail/Courier Deliveries (FedEX/UPS/DHL):

USCIS – I-765 C03

131 South Dearborn - 3rd Floor

Chicago, IL 60603-5517

**It is recommended that applications be sent with a tracking number so that you can track the delivery of your application to USCIS. Please keep the record of your tracking number in case we need to contact USCIS about the case.**





**If, after applying for OPT, you learn you have to take another course...**

**Your OPT is based on your having completed your degree (undergrad students) or at least your coursework (grad students).**

**If you learn that you must take an additional course in order to graduate, then you must do the following:**

- Make an appointment to talk with an ISSS advisor to discuss the consequences to your OPT application and any actions that you need to take.





# **If, after applying for OPT, you learn you have to take another course... (continued)**

- If USCIS has not yet processed your OPT application, it may be possible to withdraw it so that you can reapply at a later date. It is at USCIS's discretion as to whether they will approve your request.
- If USCIS has already approved your OPT and you have passed the end-date on your I-20, then you cannot withdraw your application, and you may only work 20 hours or less per week on your OPT until you have completed your required course and all degree requirements.
- Students in eligible STEM fields cannot apply for a STEM extension unless they have earned their degree.





# Canceling or Withdrawing OPT Request

## ☐ **Prior to mailing the OPT application to USCIS:**

- ☐ Make an appointment to meet with an ISSS Advisor to requesting cancellation of OPT
- ☐ ISSS will cancel the OPT recommendation in SEVIS and a new I-20 will be issued to you

## ☐ **After mailing the OPT application but before USCIS approves:**

- ☐ Make an appointment to meet with an ISSS Advisor to discuss options for withdrawing the I-765 petition.
- ☐ There is no guarantee that a request to withdraw an I-765 will be honored by USCIS.





# Checking Your Application Status

**USCIS will send a receipt notice (Form I-797) in the mail within 2 to 3 weeks to the address that you indicated on your I-765 form.**

**To check the status of your application:**

• Access the **USCIS Case Status Search Page:** [www.uscis.gov](https://www.uscis.gov)

• Enter your “YSC, SRC, EAC, WAC, or LIN Application Receipt Number” (ex: SRC0123456789)

It will inform you if your application is in process, if they have requested further information, or if it has been approved or mailed.

The screenshot shows the official website of the U.S. Citizenship and Immigration Services (USCIS). At the top, there is a navigation bar with links for 'Español', 'Contact Us', and 'Multilingual Resources'. Below this is a search bar and a 'Sign In' button. The main content area features a header with the date 'Jan. 7: USCIS Modifies H-1B Selection Process to Prioritize Wages'. The first section is titled 'Avoid Scams' and includes text about obtaining legitimate legal advice, with a 'Learn More' button. To the right of this section is an image of two gold wedding rings on a US dollar bill. Below the 'Avoid Scams' section are two more sections: 'File Online' and 'Manage Your Case'. The 'File Online' section includes an image of hands typing on a laptop and text about the benefits of online filing. The 'Manage Your Case' section includes an image of a woman smiling while looking at a smartphone and a list of links: 'Check your case status', 'Check processing times', and 'Change your address online'. A large blue arrow points from the bottom of the page towards the 'Manage Your Case' section.





**UNITED STATES OF AMERICA** **EMPLOYMENT AUTHORIZATION CARD**

**SPECIMEN TEST V** **01 JAN 1920**

**Surname**  
**SPECIMEN**

**Given Name**  
**TEST V**

**USCIS#** **000-000-773** **Category Code** **C09 SRC0000000773**

**Country of Birth**  
**Ethiopia**

**Terms and Conditions**  
**None**

**Date of Birth** **01 JAN 1920** **Sex** **M**

**Valid From** **01/01/80**

**Card Expires** **05/10/11**

**NOT VALID FOR REENTRY** **U.S.**



The validity dates indicate the period an authorized F-1 student is eligible to work in the United States.





# Work Authorization & Maintaining F-1 Status

## In order to begin working:

- You must have the physical EAD card in your possession (not an online approval notification or scan); **AND**
- The date must be within the EAD work authorization period (the "Valid From" and "Card Expires" dates listed at the bottom of the EAD Card)

## Employment/Training is required to maintain F-1 status while on OPT.

- Must report employer contact information to ISSS within 10 days of starting, changing, and ending employment
- Cannot accumulate more than 90 days (aggregate) of unemployment during initial OPT authorization period.
- Again, Employment/Training can be paid or unpaid.





# Work Authorization & Maintaining F-1 Status (continued)

You may have multiple employers and/or change employers as long as each job is directly related to your major area of study and you **report changes** in employment to ISSS.

## If you lose your EAD card:

- You may continue working with your same employer as long as it is still within the authorization period.
- If you plan to change employers or travel, you must apply for a replacement EAD card with ISSS, submitting a new I-765 application and fee to USCIS along with the same documents from the original OPT application.





# Responsibilities While on OPT

- Submit copy of EAD to the ISSS (if the card was mailed to you directly rather than sent to ISSS)

**E-mail a Scanned Copy to:** [international@ua.edu](mailto:international@ua.edu)

- Obtain a job in your major field of study.
- Work only within the authorized work period.
- If traveling, obtain ISSS advisor's travel signature no older than **6 months** from the day you plan to re-enter the U.S.
- OPT is terminated if your SEVIS record is transferred to another institution to begin a new program of study or if you request a new I-20 to start a new degree program with UA.





# Mandatory Reporting Requirements

- Report the following with 10 days of any update or change by emailing us at [international@ua.edu](mailto:international@ua.edu):
  - All new employers (business name, address, supervisor, and supervisor's contacts),
  - Any changes of name,
  - Any change of your home address or email address or phone number, and
  - Any interruptions of employment
- Re-verify employer and residential address information with International Services every 6 months, even if there is no change.





# Renewing Driver's License

**If OPT has been approved, you should be able to renew your AL Driver's License with the following:**

- ☐ Employment Authorization Card (EAD Card)
- ☐ New, valid I-20 endorsed for OPT on Page 2
- ☐ Valid passport
- ☐ Letter from ISSS verifying your F-1 status and OPT

**If OPT approval is pending, the DMV Office in Tuscaloosa has confirmed that it will use the dates of OPT recommendation on the 2nd page of the I-20 as confirmation of status. Please note that other DMV Offices may not have the same interpretation. You should be able to renew your AL Driver's License in Tuscaloosa with the following:**

- ☐ New, valid I-20 endorsed for OPT on Page 2
- ☐ Valid passport
- ☐ Letter from ISSS verifying your F-1 status and Pending OPT





# Travel while on OPT

**If OPT has been approved, you should travel with the following documents:**

- ☐ Valid I-20 endorsed for OPT (PLEASE NOTE: ISSS Advisor's travel signature is only valid 6 months while on OPT)
- ☐ Valid F-1 visa
- ☐ Valid passport (must be valid 6 mos. beyond date of return to the U.S.)
- ☐ Employment Authorization Card (EAD Card)
- ☐ Letter from your employer verifying your employment status

**If OPT approval is pending, travel is not advised as there is greater risk of being denied re-entry. If you must travel while OPT is pending, you must also carry the following documents:**

- ☐ Valid I-20 endorsed for OPT with an ISSS Advisor's travel signature from last 6 months
- ☐ Valid F-1 visa
- ☐ Valid passport (must be valid 6 mos. beyond date of return to the U.S.)
- ☐ USCIS Service Center Receipt Notice of OPT application
- ☐ Job offer letter from a U.S. employer (if you have received one)





# I-9, Social Security, and Taxes

- ❑ **I-9:** All employees in the U.S. must complete Employment Eligibility Verification I-9 Forms with their employers within 3 days of starting employment.
- ❑ **Social Security:** Employment in the U.S. requires a Social Security Number (SSN). If you do not have an SSN, you must apply for a SSN using your EAD Card. You can apply for an SSN in the I-765 petition.

- ❑ **Taxes:**

## **Social Security and Medicare Taxes**

Typically, non-resident F-1 students with authorized OPT are exempt from Social Security (F.I.C.A) and Medicare taxes as long as you continue to declare non-resident status for tax purposes.

## **Federal, State, and Local Taxes**

Federal, state, and local taxes will be withheld from your paycheck by employers unless you qualify for a tax treaty exemption.

(More information also available at the [IRS website](#))





**Questions? Concerns?  
Queries? Doubts?**







THE UNIVERSITY OF ALABAMA®  
THE CAPSTONE OF HIGHER EDUCATION

## **International Student & Scholar Services**

### **OPT STEM Extension**

[http://international.ua.edu/iss/currentstudents/  
student-employment/#stem](http://international.ua.edu/iss/currentstudents/student-employment/#stem)





# STEM 24 Month OPT Extension

**Some students may be eligible for a 24-month OPT extension if all filing criteria are met.**

## **Student Requirements:**

- ☐ Completed a STEM degree - <http://www.ice.gov/sevis/stemlist.htm> (Note: may be based on a previously obtained degree from an accredited, U.S.-based institution and earned within the past 10 years)
- ☐ Must be currently engaged in Post-completion OPT
- ☐ Student must complete an I-983 Training Plan with their Employer  
<https://studyinthestates.dhs.gov/students-and-the-form-i-983>.
- ☐ Must have maintained valid F-1 status during Post-completion OPT
  - ☐ Including reporting all changes of personal and employment info
  - ☐ Have not accumulated more than 90 days of unemployment/inactivity
- ☐ The 24-month extension is possible twice per lifetime. Eligible for a second STEM extension after completing a subsequent, higher STEM degree.
- ☐ Must submit a timely-filed STEM extension application
  - ☐ prior to EAD expiration – as early as 120 days before OPT expiration, but preferably at least 90 days before OPT end date





# STEM 24 Month OPT Extension

## Employer Requirements

- ☐ Must be currently registered and in good standing with the USCIS [E-Verify](#) program.
- ☐ Employer must provide E-Verify Company/Client Identification Number (a 5- or 6-digit number issued by DHS) to applicant as it must be entered onto the [I-765](#) application form as well as the employer's EIN tax id number.
- ☐ As a participant in E-Verify, employers are required to verify all newly hired employees, both U.S. citizens and non-citizens.
- ☐ Employer must complete an I-983 Training Plan with the student –  
<https://studyinthestates.dhs.gov/students-and-the-form-i-983>;  
<https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>.
- ☐ Employer must agree to report termination or departure of OPT employee to UA International Student & Scholar Services.





# STEM OPT Application Process

If you are not working in the Tuscaloosa-area, submit scanned copies of documents below via email to [international@ua.edu](mailto:international@ua.edu) with “Attn: STEM Extension Application” as the email subject line

**You MUST submit the following for STEM OPT processing:**

- ❑ [STEM OPT Application Packet](#) (page 3 collects vital details - please type responses directly into the fillable form)
- ❑ Requested Employment Dates
  - ❑ Will continue 24 months from current OPT end-date

Capstone International Center International Student & Scholar Services		F-1 OPT STEM Application	
105 B.B. Comer Hall   Box 870254   Tuscaloosa, AL 35487-0254   TEL: 205-348-5402 <a href="mailto:INTERNATIONAL@UA.EDU">INTERNATIONAL@UA.EDU</a>   <a href="http://INTERNATIONAL.UA.EDU/ISS/">HTTP://INTERNATIONAL.UA.EDU/ISS/</a>			
<b>BIOGRAPHIC INFORMATION</b>			
Full Name (as in passport): _____ Family/ Last Name (Surname) _____ Given Name (First) _____ Middle Name (if any) _____			
Date of Birth (mmm/dd/yyyy - i.e. March 27, 1975): _____ Gender: <input type="checkbox"/> male <input type="checkbox"/> female			
UA Campus-Wide ID (CWID) Number: _____ SEVIS I-20# N _____			
<b>CONTACT INFORMATION</b>			
Current Address: _____			
Phone Number: _____ E-Mail Address: _____			
<b>ACADEMIC PROGRAM (MAJOR AND GRADUATION DATE)</b>			
Is your STEM Extension based on your current/most recent degree or a previous degree? <input type="checkbox"/> Current/Most Recent Degree from UA <input type="checkbox"/> Previous Degree			
Degree Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral ► Academic Major(s): _____			
Graduation Date: _____ (mmm/dd/yyyy - i.e. Dec. 15, 2013)			
NOTE: Include copies of diploma and transcripts for degree(s) Must be on STEM List: <a href="http://www.ice.gov/sevis/stemlist.htm">http://www.ice.gov/sevis/stemlist.htm</a>			
<b>PRACTICAL TRAINING DATA</b>			
Current OPT End-date: _____	Have you received prior OPT STEM Authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD	
<b>EMPLOYER DATA (REQUIRED FOR ALL OPT STEM EXTENSIONS)</b>			
Employer Name: _____			
Employer Address: _____			
Supervisor's Name: _____		Supervisor's Phone: _____	
Supervisor's Email: _____		Your Job Title: _____	
Employer's Tax ID/FEIN: _____		Employer's E-Verify # _____	
<b>DOCUMENT AND REQUIREMENT CHECKLIST</b>			
<input type="checkbox"/> Complete STEM OPT Application Form <input type="checkbox"/> Signed Student Responsibility Checklist <input type="checkbox"/> Copies of all I-20s <input type="checkbox"/> Copy of main passport page <input type="checkbox"/> Copy of most recent visa stamp <input type="checkbox"/> Copy of I-94 - <a href="https://i94.cbp.dhs.gov/I94/request.html">https://i94.cbp.dhs.gov/I94/request.html</a> <input type="checkbox"/> Completed Form I-765 - <a href="http://www.uscis.gov/i-765">www.uscis.gov/i-765</a> <input type="checkbox"/> 2 passport-style photos (2 x 2 inches) <input type="checkbox"/> Check to "Department of Homeland Security" for \$410		<input type="checkbox"/> Completed Form I-983 <a href="https://studyinthestates.dhs.gov/students-and-the-form-i-983">https://studyinthestates.dhs.gov/students-and-the-form-i-983</a> <input type="checkbox"/> Copy of current EAD Card for OPT <input type="checkbox"/> Copy of Diploma/Transcripts (including for previous STEM degree if STEM extension is based on previous degree) <input type="checkbox"/> Employer's E-Verify Number <input type="checkbox"/> Job Offer/Employment Letter <input type="checkbox"/> No more than 90 days of unemployment during current OPT <input type="checkbox"/> Maintained F-1 Status <input type="checkbox"/> Reported all Address, Name, Email, & Employment changes	
<b>ISSS NOTES</b>		<b>Advisor's Initials</b>	<b>Date Received</b>
			<b>Date Completed</b>





# Responsibility Agreement

**You MUST submit (continued):**

- ❑ Page 4 of [STEM OPT Application Packet](#) is a responsibility agreement.
- ❑ Please read each point carefully before checking and agreeing.
- ❑ Please check both the top and bottom portions.

## STUDENT RESPONSIBILITY AGREEMENT

*While on practical training you must continue to abide by the rules and regulations governing your visa status. Please carefully read the statements below and place a check mark in the box next to each statement that applies to the type of practical training application that you are applying for. Sign at the bottom of the page. Your check marks and signature indicate your understanding and agreement to abide by the statements made.*

## OPTIONAL PRACTICAL TRAINING RESPONSIBILITY CHECKLIST

- ☐ I understand that a 24-month STEM OPT extension will be recommended by International Student & Scholar Services on a new I-20 and acknowledge that this does not ensure STEM extension approval.
- ☐ I understand that I must meet all extension requirements including being employed with an employer who is part of the E-verify program in order to be granted a 24-month STEM extension.
- ☐ I understand that I am required by current immigration regulations to complete an I-983 Training Plan with my employer and submit it to International Student & Scholar Services - <https://studyinthestates.dhs.gov/students-and-the-form-i-983>, <https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>, and that any change in my employment or change of employer will require submission of a new Form I-983.
- ☐ I understand that USCIS may refuse to grant a STEM extension if I do not submit all required application materials.
- ☐ I understand that my STEM extension materials must be timely-filed and received by the USCIS Service Center with jurisdiction over my current place of residence prior to my initial OPT EAD authorization end date in order to be eligible for the automatic extension of status and work authorization until a final decision on the I-765 or for 180 days (whichever is first).
- ☐ I understand that USCIS and SEVP advise against changing employers while the I-765 is pending, since the I-765 names a specific employer and that I should consult with an attorney regarding the effect of changing to an employer that is not the employer named on the I-765 while my I-765 is still pending.
- ☐ I understand that I am required by current immigration regulations to make a 12-Month and 24-Month I-983 Report, by completing and submitting a self-evaluation using the I-983, signed by the employer and submitted to International Student & Scholar Services at months 12 and 24 of the STEM Employment Period.
- ☐ I understand that I am required by current immigration regulations to report the following to International Student & Scholar Services within 10 days of any change of: legal name; residential or mailing address; employer name; employer address; and/or loss of employment.
- ☐ I understand that I am required by current immigration regulations re-verify employer and residential address information with International Student & Scholar Services every 6 months, even if there is no change.
- ☐ I understand that I may not accrue more than 150 days of unemployment during the combined 36 months of OPT authorization (initial OPT authorization through STEM extension period).
- ☐ I understand that though I may change employers after being granted a STEM extension by USCIS, all of my employment must be in my major field of study and with an employer who is a part of the E-verify program.
- ☐ I understand that I am only authorized to work until the end date indicated on the Employment Authorization Document (EAD) issued by USCIS for my 24-month STEM extension.
- ☐ I understand that International Student & Scholar Services advises against traveling while my initial EAD card is expired and I have not yet received my new EAD card for my STEM extension.
- ☐ I understand that if I travel before or after the EAD is issued, International Student & Scholar Services assumes no responsibility for any difficulties I encounter. I also understand that (1) If I travel before the EAD is issued then upon my attempt to re-enter the U.S., I may be asked for evidence to show that I am looking for a job, (2) if I travel after my EAD is issued I can only reenter the U.S. to RESUME employment, which means that I must already have a job or a job offer, (3) I acknowledge that if I travel while the EAD application is pending and the EAD card is issued prior to my return to the U.S., that I must have a job upon my re-entry to the U.S.
- ☐ I understand that it is my responsibility to obtain a travel signature from International Student & Scholar Services if I am going to travel outside the U.S. while I am on OPT and also understand that a travel signature is only valid for 6 months during the OPT authorization period.

I certify that the above information is correct and complete, and that I shall notify UA of any change in my personal information.

Signature: 

Date: 

International Student & Scholar Services | University of Alabama | 105 B.B. Comer Hall | Tuscaloosa, AL 35487-0254 | USA  
Phone: 205-348-5402 | Fax: 205-348-5406 | E-mail: [international@ua.edu](mailto:international@ua.edu) | <http://international.ua.edu/iss/> | [www.ua.edu](http://www.ua.edu)





# STEM OPT Application Process (cont.)

- ❑ You MUST bring a complete Form I-765 [www.uscis.gov/i-765](http://www.uscis.gov/i-765)
- ❑ Example on pages 6 – 12 on [STEM OPT Application Packet](#)
- ❑ Please type responses directly into the fillable form
- ❑ Print and sign the form in blue ink

Application For Employment Authorization USCIS Form I-765  
Department of Homeland Security U.S. Citizenship and Immigration Services

For USCIS Use Only

Authorization/Extension Valid From: Fee Stamp: Action Block: Authorization/Extension Valid Through: Alien Registration Number: A- Remarks:

To be completed by an attorney or Board of Immigration accredited representative. Check this box if this is a new OPT at this degree level. Select this box if Form G-28 attached. Attorney or Accredited Representative USCIS Online Account Number (if any):

START HERE - Type of Application

Part 1. Reason for Applying

I am applying for (select only one box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to the Filing Fee section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): Elephant

1.b. Given Name (First Name): Al

1.c. Middle Name:

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any): CO UA ISSS Office

5.b. Street Number and Name: 400 McConvey Dr., Box 670254

5.c. ☐ Apt. ☐ Ste. ☐ Flr.:

5.d. City or Town: Tuscaloosa

5.e. State: AL 5.f. ZIP Code: 35487

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to Item Number 6, provide your home physical address below.

U.S. Physical Address

7.a. Street Number and Name: 200 Reade Street

7.b. ☒ Apt. ☐ Ste. ☐ Flr. 1540

7.c. City or Town: Tuscaloosa

7.d. State: AL 7.e. ZIP Code: 35401

Other Information

8. Alien Registration Number (A-Number) (if any):

9. USCIS Online Account Number (if any):

10. Gender: ☒ Male ☐ Female

11. Marital Status: ☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765? ☐ Yes ☒ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

NOTE: If you answered "No" to Item Number 13.a, skip to Item Number 14. If you answered "Yes" to Item Number 13.a, provide the information requested in Item Number 13.b.

13.b. Provide your social security number (SSN) (if you have one):

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 13.a. If you answered "Yes" to Item Number 13.a, you must also answer "Yes" to Item Number 14.) ☒ Yes ☐ No

NOTE: If you answered "No" to Item Number 14, skip Item 18.a. If you answered "Yes" to Item Number 14, you must also answer "Yes" to Item Number 18.a. I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☒ Yes ☐ No

NOTE: If you answered "Yes" to Item Numbers 14, 15, 16, 17, 18, provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name): Elephant

16.b. Given Name (First Name): Albert

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name): Elephant

17.b. Given Name (First Name): Alice

Countries or Territories of Citizenship or Nationality

18.a. Country: China

18.b. Country:

NOTE: If you are currently a citizen or national, a space to complete this item, use the space & 6. Additional Information.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☐ The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in Part 5, prepared this application for me based upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number: 2051234567

4. Applicant's Mobile Telephone Number (if any): 2057654321

5. Applicant's Email Address (if any): a.elephant@tuscailson.us.edu

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

Check this box to verify that you can read and understand English, and you have read and understand every question.

1. I reviewed and understood all of the information contained in, and submitted with, my application, and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

2. All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is true and correct.

Sign in blue ink. Don't forget to add date.

Applicant's Signature

7.a. Date of Signature (mm/dd/yyyy): 08/08/2018

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name): NA

1.b. Interpreter's Given Name (First Name): NA

2. Interpreter's Business or Organization Name (if any):

If you use an interpreter, provide interpreter's name, otherwise, put NA in 1a, b and leave all fields in Part 4 blank





# I-983 Form

**You MUST submit  
(continued):**

- ❑ You and your Employer must complete an I-983 Training Plan—  
<https://studyinthestates.dhs.gov/students-and-the-form-i-983>;  
<https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>
- ❑ A sample form can be found on Pages 13 – 17 of the [STEM OPT Application Packet](#)

DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO.: 1653-0054  
EXPIRATION DATE: 03-31-2019

**TRAINING PLAN FOR STEM OPT STUDENTS**  
Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

SECTION 1: STUDENT INFORMATION (Completed by Student)		
Student Name (Surname/Primary Name, Given Name): <b>STUDENT, John/Jane</b>		Student Email Address: <b>jstudent@crimson.ua.edu</b>
Name of School Recommending STEM OPT: <b>University of Alabama</b>	Name of School Where STEM Degree Was Earned: <b>University of Alabama</b>	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <b>ATL214F01174000</b>
Designated School Official (DSO) Name and Contact Information: <b>Trang Nguyen, 105 BB Comer Hall, Box 870254, Tuscaloosa, AL 35487</b>		Student SEVIS ID No.: <b>H0123456789</b>
Qualifying Major and Classification of Instructional Programs (CIP) Code: Level/Type of Qualifying Degree: _____ Date Awarded (mm-dd-yyyy): _____ Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Employment Authorization Number: <b>YSC123456789</b>		STEM OPT Requested Period: From: _____ To: _____ <div>Should start the day after 12-month OPT ends.</div> <div>CIP Code is indicated on page 3 of the old I-20 (w/ Barcode) or in Program of Study Section on page 1 of the new I-20.</div>
SECTION 2: STUDENT CERTIFICATION		
I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.		
I certify that: <ol style="list-style-type: none"><li>1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");</li><li>2. I will notify the DSO at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan;</li><li>3. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the STEM OPT of students whom DHS determines are not engaging in OPT in compliance with the law, including the STEM OPT of students who are not, or whose employers are not, complying with this Plan;</li><li>4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</li><li>5. I will notify the DSO at the earliest available opportunity regarding any material changes to or deviations from this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any nontrivial reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that I engage in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule.</li></ol>		
Signature of Student: _____		
Printed Name of Student: <b>STUDENT, John/Jane</b> Date (mm-dd-yyyy): _____		





# STEM OPT Application Process – Additional Documentation

## You **MUST** submit Scans/ Photocopies of:

- ☐ All I-20s (only the 1st and 2nd pages of the new I-20 or the 1<sup>st</sup> and 3<sup>rd</sup> of the old I-20 are needed),
- ☐ Main passport page,
- ☐ Most recent visa stamp (even expired),
- ☐ I-94 record (electronic card can be accessed at [www.cbp.gov/i-94](http://www.cbp.gov/i-94)),
- ☐ Front and Back of current EAD Card for OPT, and
- ☐ Diploma & transcripts indicating completion of degree (including for previous STEM degree if STEM extension is based on previous degree).

The screenshot shows the U.S. Customs and Border Protection website. At the top, it says "U.S. Customs and Border Protection" and "Securing America's Borders". Below this, there are two tabs: "Get I-94 Number" and "I-94 FAQ". The "I-94 FAQ" tab is selected. The main heading is "Admission (I-94) Number Retrieval". Below this, it displays the "Admission (I-94) Record Number: 69000888062" and the "Admit Until Date (MM/DD/YYYY): 10/10/2012". It then says "Details provided on Admission(I-94) form:" and lists the following information:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

At the bottom, a blue banner states: "Individuals can visit [www.cbp.gov/I94](http://www.cbp.gov/I94) to retrieve a copy of their electronic Form I-94."





# Completing STEM Application for shipping to USCIS

**After ISSS processes your new I-20 recommending a STEM OPT extension, we will ship you the complete packet.**

**You will attach the following materials to the packet and ship to USCIS directly:**

- ☐ \$410 check to the "U.S. Department of Homeland Security"
- ☐ Two 2 x 2 passport style photos taken within the past 30 days with your name and I-94 number written in pencil on the back;

Sample Person 1 Main Street Tuscaloosa, AL 00000		1001
		Date 12/23/2016
Pay to the order of	U.S. Department of Homeland Security	\$ 410.00
Four Hundred and Ten Dollars 00/100		Dollars
Memo	OPT Application Fee	YOUR SIGNATURE
⑆ 123456789⑆ 987654⑆ 100 1		







# Submitting Application to USCIS

Mail the completed application to the correct [USCIS Center](#).

**In general, OPT applications should be mailed to:**

**USCIS Dallas Lockbox:**

USPS Deliveries:

USCIS

PO Box 805373

Chicago, IL 60680

Express Mail/Courier Deliveries (FedEX/UPS/DHL):

USCIS – I-765 C03

131 South Dearborn - 3rd Floor

Chicago, IL 60603-5517

There is an automatic extension of status and work authorization up to 180 days while a timely filed STEM extension OPT application is pending – meaning that you don't need an EAD card to continue working, just the I-797 receipt notice is sufficient to prove timely filing.





# Maintenance of Status While On STEM Extension

- ☐ Once your STEM OPT is approved, please submit a copy of new EAD card to [international@ua.edu](mailto:international@ua.edu)
- ☐ Cannot accrue a total of 150 days of unemployment over the 36 month OPT period (includes first 12 months and 24 month STEM period)
- ☐ Reporting Requirements:
  - ☐ Report the following within 10 days of the change:
    - ☐ legal name, residential or mailing address, email address, employer name, employer address
  - ☐ Must report above info to CIS every 6 months even if there is no change
  - ☐ 12-Month and 24-Month Evaluations: Must also complete and submit a self-evaluation using the I-983, signed by the employer and submitted to International Student & Scholar Services at months 12 and 24 of the STEM Employment Period.
- ☐ Can still benefit from the cap-gap provision at the end of the STEM period.





THE UNIVERSITY OF ALABAMA®  
THE CAPSTONE OF HIGHER EDUCATION

## **International Student & Scholar Services**

### **Cap Gap Extension**

[http://international.ua.edu/iss/currentstudents/  
student-employment/#cap-gap](http://international.ua.edu/iss/currentstudents/student-employment/#cap-gap)





# Cap-Gap Relief Provision

See: <http://international.ua.edu/issc/currentstudents/student-employment/#cap-gap>

**Students from any degree field can benefit from this provision intended to eliminate the Cap-Gap (i.e. the gap between the end of your OPT and the beginning of a cap-subject H-1B that starts on Oct. 1.)**

Duration of status and work authorization is extended for F-1 students on OPT whose employer has:

- ☐ Has been timely filed by a registered cap subject employer for a registered and selected beneficiary (within the acceptance period – after April 1, but before either the OPT period or 60-day grace period expires)
- ☐ Requests an employment start date of October 1
- ☐ Requests a change-of-status (rather than consular processing)

**Extension of status and work authorization are automatically terminated upon rejection, denial, or revocation of H-1B petition.**





# Requesting a Cap Gap Relief I-20

Email scanned copies of the documents below to [international@ua.edu](mailto:international@ua.edu) with the subject: "Cap-Gap Extension":

- ☐ Name
- ☐ SEVIS number
- ☐ CWID number
- ☐ Employment start and end date as indicated on your current EAD Card
- ☐ Proof of your H-1B Case:
  - ☐ Proof of filing, or
  - ☐ Proof of wait-listing, or
  - ☐ Scanned copy of I-797 H-1B approval and/or receipt notice
- ☐ Indicate whether you would like to pick up your document or have it mailed to you. If we will ship this to you, please see our [Document Shipping Options](#) page for instructions on completing the shipping request.