MSU Billings – Optional Practical Training (OPT) Request Form

Complete this form and hand-in all of the application documents to the DSO. The DSO will enter a recommendation for your OPT in the SEVIS database and print out a new I-20 with our recommendation and your requested dates.

LAST NAME: ___________________________ GIVEN NAME: ______________________
MSU Billings Student ID#: __________________ DEGREE Level (MA, BS/BA):____________
SEVIS ID# (upper right hand corner of your I-20, starts with “N”): N __________________
Major Field of Study (OPT only authorizes you to work in your field of study): _______________
Program Completion date**: ______________

**This is your graduation date if you are registered up until your graduation date or your last date as a registered student.

Optional Practical Training for F-1 students is intended to provide hands-on practical experience that is complimentary to your academic program. An F-1 student may be eligible for up to 12 months OPT, provided this Practical Training is directly related to your field of study, is commensurate with your educational level, and is recommended by your DSO.

Desired OPT Start Date: ________________* and End Date: ___________________________

*Please read the attached FAQ information before choosing your start date. (This date is not needed for 17-month extensions.)

Email Address that you will keep while on OPT: ________________________________

Additional Information NEEDED ONLY if you are applying for the 24-month extension of OPT (for info on 24-month extension see OPT FAQ in this packet):
End date of Current OPT card: ____________ Your Job Title: __________________________

In making this OPT request, I understand and agree to abide by all requirements, including:

☐ I will report all changes in my U.S. or overseas address to OIS within 10 days of such change
☐ I will provide OIS with a copy of my Employment Authorization Document (EAD) upon receipt
☐ I understand that I cannot begin working until I have my EAD card in-hand
☐ I will report the name & address of my employer to OIS within 10 days of starting work
☐ I will report all periods of unemployment to OIS within 10 days
☐ I know I should have health insurance coverage for the duration of my F-1 status, including the OPT period

Student’s Signature _______________________________ Date: ______________

MSU Billings Registrar’s Office/Advisor Verification of Application for Graduation/Degree Audit is on file and matches completion date listed above by student:

Signature: _______________________________ Date: ______________