



# 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: \_\_\_\_\_