

Indiana University Southeast

Practical Training Information Sheet -- OPT

Office of Admissions
4201 Grant Line Road
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(800) 852-8835
admissions@ius.edu
www.ius.edu



Family Name _____ First Name _____

Date of Birth _____ Student ID# _____

Date first entered US as F-1 or date approved F-1 by CIS: _____

SEVIS# N _____ Preferred Phone Number _____

Preferred E-mail Address _____

Major _____ Expected Completion Date _____

Home Country Address _____ US Address _____

Requested Start Date* _____ Requested End Date _____

*This date must be within 60 days after your program end/completion date. Example: You graduate May, 6, 2006, so you may choose any day between May 6, 2006 and July 5, 2006 as your OPT start date. If you pick June 6, 2006, then your end date would be June 6, 2007 – exactly 365 days later.

Previous Periods of CPT

From: _____ To: _____ Full-time / Part-time

From: _____ To: _____ Full-time / Part-time

Previous periods of OPT**

From: _____ To: _____ Full-time / Part-time

From: _____ To: _____ Full-time / Part-time

**Please submit copies of any previous EAD/OPT cards along with your OPT application.

I hereby certify that the above information is correct.

Signature _____ Date _____