



Optional Practical Training (OPT) Request Form

Last Name, First Name, Middle Initial	Social Security Number (required – write "N/A" if you do not have one)
Student ID	SEVIS ID N00
Country of Citizenship	City of Birth (if not shown on your most recent I-20)
Program completed (or to be completed)	Program End Date on your latest I-20 - See in the middle of the 1st page

Request an OPT Recommendation I-20

- Issue Cancel Reprint Cancel current OPT recommendation & re-issue I-20 (To restart 30-day filing period)

Section 1: Request a New I-20 with Post-Completion OPT Recommendation (OPT I-20).

- **Last day to start OPT for 2026 Winter graduates: 05/20/2026.** The duration of OPT will be 12 months. If you want to start OPT on 05/20/2026, the OPT end date would be 05/19/2027.
- File Timely: USCIS must receive your OPT application packet **within 30 days** of the date the DSO first issues your OPT I-20.
- Once OPT Recommendation I-20 is issued, the start & end dates of the OPT cannot be changed.
- If you wish to request cancelation / re-issuance of the OPT I-20, you will need to fill out a separate form of this.

OPT Start Date: _____ ***OPT End Date:** _____
MM/DD/YYYY MM/DD/YYYY

Section 2: Have you ever applied for or been approved for employment authorization from USCIS before?

- This includes Pre/Post Completion OPT and Full-time CPT.
- You cannot apply if you already have used up 12 months of OPT at the Master's level.
- Part-time CPT will not affect the length of the OPT period.

- No
 Yes – Please fill in the lines below.

Degree	School Name	Major	Employment Type <small>Post-Completion OPT, Full-time CPT, etc.</small>
<input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral			
<input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral			

Section 3: Contact the Accounting Department (accounting@catu.edu) to process the payment for OPT I-20 Processing Fee (\$300).

Payment Date: _____
MM/DD/YYYY

Student's Signature: _____ Date: _____

OFFICE USE ONLY	
P/DSO Signature _____	Date _____