



Return form to the International Student Office:
The College of the Florida Keys
5901 College Road, Key West, FL 33040
internationalstudents@cfk.edu

Optional Practical Training (OPT) Application Part 1: Student Responsibilities Agreement

While engaged in a period of authorized post-completion Optional Practical Training (OPT), I acknowledge that I must comply with the following reporting requirements and report within 10 days the occurrence of:

- Change of address
- Initial employment via SEVIS portal
- Change of employment
- Multiple employers via SEVIS portal
- Loss or termination of employment
- Departing the United States (U.S.)
- Change of status classification (ex. F-1 to H-1B)
- Change in legal name (as it occurs in my passport)

For your protection, please keep a record of all reports made to the DSO/PDSO.

I understand that USCIS must receive my OPT application within 30 days of the DSO/PDSO recommendation in SEVIS.

I understand that I shall only look for and accept employment that is directly related to my field of study as listed on my I-20.

I understand that I must update OPT employment via the SEVIS portal with 10 days of adding/ changing employment.

I understand that F-1 status is dependent on employment while on OPT; I may not accrue an aggregate of more than 90 days of unemployment while on post-completion OPT.

I understand that OPT employment does not have to be paid, but volunteer or unpaid opportunities related to field of study do need to be reported in order to avoid accrual of unemployment. Unpaid work must not violate any labor laws.

I understand that the U.S. Department of Homeland Security (not CFK) will be responsible for determining if my status has been violated by exceeding the permissible period of unemployment. They may deny future immigration benefits and/or they may terminate my SEVIS record if I fail to maintain the proper period of employment.

I understand that if I maintain status on OPT I am allowed 60 days after the expiration of the Employment Authorization Document (EAD) to remain in the U.S. for the purpose of preparing for departure, to change education levels at the same school, to transfer out, or apply for a change of status.

I understand that transferring to another school or beginning study at another education level automatically terminates any remaining portion of OPT.

I understand full time employment is twenty (20) or more hours per week.

I understand that it may be risky to study while on OPT. Any study should be part-time, non-degree seeking, and incidental to status.

I understand all OPT documentation (receipt notice, Request for Evidence (RFE), approval notice, and EAD), must be brought to Enrollment Management to copy for my International Student file.

I understand that travel should be discussed with an advisor and re-entry cannot be guaranteed.

I understand that once my academic program is completed I am no longer eligible for on campus employment.

I understand that CFK's DSO/PDSO may provide general information regarding application materials, but the student is ultimately responsible for the application and the outcome of the application. The student is not eligible for employment until the EAD is valid and in the possession of the student. I understand that CFK's DSO/PDSO is not responsible for the outcome of my application.

CERTIFICATION OF RESPONSIBILITIES:

I certify I understand the above stated responsibilities that are required of me while engaged in OPT. I agree to provide to CFK's DSO/PDSO the required information stated above and understand that failure to do so can result in a violation of F-1 status and subsequent termination of my SEVIS record.

CFK ID#

Full Name (Print)

Student's Signature

Date

Important: please retain this copy for your records, do not discard



Optional Practical Training (OPT) Application Part 2: Recommendation for F-1 OPT

The application process for OPT requires two steps: 1) a recommendation from the school, and 2) application to USCIS for authorization. This form will provide the necessary information to issue a new I-20 with the recommendation for OPT. Please allow one week for processing; you will be notified by email when the new document is available for pick-up. Additional information on the application process is available through the ISO website.

Student Information

Full Name:

Phone:

Date of Birth (MM/DD/YY):

Primary Program:

Secondary Program:

Requested OPT:

Pre-completion:

During the academic year, while fully enrolled – part time only (20 hrs/week)

During an annual vacation term – part or full time

Post-completion:

After completion of all degree requirements excluding thesis – full time

After completion of all degree requirements – full time

OPT Period: Start Date:

End Date:

Date Selection: Post-completion OPT may begin immediately or up to **60 days** after the expected completion date listed below. Reporting requirements and 90-day unemployment limit are in effect once the OPT authorization starts. These dates are impossible to change after USCIS approval.

Student Signature:

Date:

Recommendation of Academic Advisor:

Has this student maintained continuous full-time enrollment?

Yes

No

If No, please explain:

Expected Date of Completion:

Please determine this date carefully: The I-20 completion date should reflect the *estimated* completion of all remaining degree requirements by the student, which does not necessarily coincide with graduation or finalization of administrative processing. The completion date on the I-20 also indicates the end of on-campus work permission for student employment or payments through a graduate award. Students who are unable to finish all degree requirements by the reported date are limited in using their OPT authorization and could lose their work permission entirely.

Advisor's Name:

Phone:

Advisor's Signature:

Date:



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Optional Practical Training (OPT) Application Part 3: OPT Employer Information

Full Name:

CFK Student ID #:

Student residential address:

Student phone number:

Email address:

Name of Company:

Company's address:

Supervisor's name:

Supervisor's phone number:

Supervisor's email address:

Job Title(s):

Explanation of how your job(s) relates to your program of study at CFK:

Employer EIN:

Half-time

Full-time

Hours of work:

Start and/or end dates of employment:

Any periods of unemployment:

I certify I understand the above stated responsibilities that are required of me while engaged in OPT. I agree to provide to CFK's DSO/PDSO the required information stated above and understand that failure to do so can result in a violation of F-1 status and subsequent termination of my SEVIS record. I must also contact CFK's DSO/PDSO immediately if any of this information is to change.

Student's Signature:

Date