



GEORGETOWN UNIVERSITY

Optional Practical Training (OPT) Request Form

The purpose of this form is to obtain information required to process your request for employment authorization.

Please email or hand this form to your [IS Advisor](#) and allow 3-5 days for processing.

TO BE COMPLETED BY THE STUDENT-			
Students must attend or complete an online OPT session before applying for OPT through OGS: https://internationalservices.georgetown.edu/sessions			
Student Name		Student ID #	
Email		Telephone #	
Field of Study		Degree Level	
I am requesting:			
<input type="checkbox"/> Full-time Pre Completion OPT <input type="checkbox"/> Part-time Pre Completion OPT <input type="checkbox"/> Full-time Post Completion OPT			
Requested OPT Start Date		Requested OPT End Date	
Student Signature		Date	
List All Previous OPT Employment Authorizations			
OGS will create a new I-20 endorsed for OPT to be included in OPT request application which must be sent to USCIS for adjudication. Work authorization is not finalized until student receives an Employment Authorization Document (EAD) from USCIS.			

TO BE COMPLETED BY ACADEMIC ADVISOR OR DEAN

The international student listed above is applying to the U.S. Citizenship & Immigration Services (USCIS) for Optional Practical Training (OPT), an employment authorization for work experience in a student's field of study. In order to recommend the student for this benefit, the Office of Global Services (OGS) requires academic departments to certify when a student is expected to complete his/her academic program.

The above named student is currently enrolled in _____ (#) credit hours, has a GPA of _____, and is expected to complete studies on _____ (mm/dd/yyyy).

I have determined this date based on the following:

- Graduation date
- Last day of classes or final exams
- Date the grade for the last required course will be submitted
- Date the student will be notified of results of comprehensive exams
- Date the student will submit the Master's thesis or doctoral dissertation
- Other: _____

If the student does not complete the academic program as expected, the advisor must notify OGS at internationalservices@georgetown.edu.

I hereby certify that the above information is correct.

Name		Title	
Email		Telephone #	
Signature		Date	