

Complete this form and submit to your Designated School Official / Point of Contact, along with the appropriate supporting documentation, for review and approval in order for a Form I-20 recommending Pre-Completion Optional Practical Training to be issued.

A. Student Information

Student Last/Family Name (printed)

Student First Name (printed)

Student SEVIS ID Number

Student DSI Number

Student Program Completion Date

U.S. Address

City/State/ZIP Code

U.S. Telephone Number

Email

B. Student Success Coach Review

If you have not yet completed or within the next 90 days will not complete at least 2 full semesters of full-time study at DeVry University while maintaining a valid non-immigrant visa status, you must provide proof of your prior full-time enrollment at a different SEVIS approved institution while maintaining a valid non-immigrant status to the Registrar for review.

The total time spent studying at a full-time enrollment while maintaining a valid non-immigrant visa status at all institutions must equate to at least one full academic year of study at DeVry University.

I hereby certify that the combined amount of time of the student's full-time enrollment at his/her previous institution(s) and the amount of time of the student's full-time study at DeVry University equate to no less than 90 days less than a full academic year of study at DeVry University.

Student Success Coach Name (printed)

Student Success Coach Signature

Date

C. Pre-Completion Optional Practical Training Authorization Dates Requested

Provide a requested date of when you would like your Optional Practical Training authorization to begin. The date cannot be before you have completed at least two full semesters of full-time study while maintaining a valid non-immigrant visa status. The requested end date cannot be more than 12 months after the requested begin date of employment authorization or for any date after the program end date listed on your Form I-20.

**Requested Employment
Authorization Begin Date:** _____

**Requested Employment
Authorization End Date:** _____

Student Name

Student ID Number

D. Pre-Completion Optional Practical Training Employment Level Requested

Select the employment level which you are requesting during your requested period of employment authorization. Only part-time employment may be authorized during any time in which you are required to maintain course enrollment.

- Part-Time Employment (20 hours or less per week)**
- Full-Time Employment (more than 20 hours per week)** – Can only be requested if the dates of employment authorization requested correspond to a regularly scheduled break in courses in the academic calendar or to a period of approved vacation.

E. Employment Related to Degree Program

Students authorized for employment through the use of Optional Practical Training are only authorized to engage in employment that is related to his/her degree program. It is the sole responsibility of the student to ensure that his/her employment is related to his/her degree program and to provide documented justification of this relationship upon request from the US Department of Homeland Security.

F. Student Certification and Signature

I hereby certify that I have read and understood the instructions above. I understand that submission of this request is no guarantee of an approval for the issuance of a Form I-20 recommending Optional Practical Training.

I understand that the issuing of a Form I-20 recommending Optional Practical Training does not authorize me to engage in employment activities and that I must still apply for employment authorization with the US Department of Homeland Security. If I should engage in employment activities prior to receiving authorization from the US Department of Homeland Security, unless the employment has been authorized under different F-1 visa benefits, that my F-1 visa status will be terminated.

Student Signature

Date

This Section for Use By Designated School Official / Point of Contact Only

I have reviewed this request, all supporting documentation and student eligibility requirements and hereby have made the decision below regarding the request for the issuing of a Form I-20 recommending Optional Practical Training for the student noted above.

I understand that this decision does not constitute final approval of the request and that such final approval, if granted, will be provided in the form of an updated Form I-20 authorizing this request.

- Application Accepted**
- Application Denied – Reason for Denial:** _____

Designated School Official / Point of Contact Name (printed)

Designated School Official / Point of Contact Signature

Date