



TOURO UNIVERSITY

Office of the Registrar

OPTIONAL PRACTICAL TRAINING DSO RECOMMENDATION REQUEST FORM

1. PERSONAL AND PROGRAM INFORMATION

Name: _____ Date: _____
Last First

Local Address: _____

Phone: _____ Touro Student E-mail: _____

SEVIS ID#: _____ Student ID #: _____

Degree Program: _____ Major: _____

College: _____ Expected Completion Date: _____

2. TYPE OF OPT YOU ARE REQUESTING:

Pre-Completion of Studies: Full Time – Available during vacation periods or after completion of all coursework

Starting on: _____ except for comprehensives, thesis or dissertation **only**.
and Ending: _____

Pre-Completion of Studies: Part Time - (20 hours or less per week)

Starting on: _____ and Ending: _____

Post-Completion of Studies:

Starting: _____

Your start date may be any date after your completion of studies but no later than 60 days after your completion. (If you apply for your OPT during your 60 day grace period after your completion of studies, you will not likely receive the full 12 months OPT benefit due to USCIS processing delays)

Ending: _____

You must apply for all 12-month benefit you have remaining for this program of study unless you have plans for further study at the same educational level, e.g., a second master's degree

3. PREVIOUS OPT:

If you have previously received OPT employment authorization for your current educational level, indicate the date(s) it was authorized and the start and end dates on your EAD(s):

Date of Authorization: _____

Starting On: _____ and Ending: _____

4. DESCRIBE YOUR PROPOSED EMPLOYMENT AND EXPLAIN HOW IT RELATES TO YOUR MAJOR:

General descriptions will be denied (for example do not say that you are “seeking an entry-level position that is appropriate for your skills and experience!”)

5. DEPARTMENTAL CERTIFICATION TO BE COMPLETED BY THE PROGRAM

I certify that the student named on the other page of this request form is expected to complete or has completed all of the requirements for his/her program of study on (date) _____ and that the proposed employment described in Item #4 above is directly related to his/her major field of study.

Departmental Signature _____ Name (please print) _____

Title (please print) _____ Department (please print) _____

Telephone _____ E-mail _____

Date Signed _____

6. STUDENTS ACKNOWLEDGEMENT OF UNDERSTANDING

I understand that I am requesting the DSO’s recommendation for Optional Practical Training Employment authorization. The DSO will advise me with reviewing my application for completeness and eligibility. Once the DSO has recommended the OPT in SEVIS, the OPT I-20 will be returned to me for filing with the USCIS.

I understand that I am completely responsible for properly filing my Form I-765 application with the USCIS and tracking its processing through the USCIS Case Online System at www.uscis.gov. Also, I understand that it is always my sole responsibility to insure that I adhere to all Federal regulations relating to Optical Practical Training. Touro University’s P/DSO does not render any legal advice in this topic and I hereby acknowledge the same.

My Signature _____ My Name (please print) _____

Date Signed _____