CALIFORNIA STATE UNIVERSITY
LONG BEACH

POST-COMPLETION OPTIONAL PRACTICAL TRAINING (OPT)

OPT I-20 REQUEST FORM

Instructions: Complete Section 1 and 2 in this form to request an I-20 for Post-completion Optional Practical Training (OPT).

SECTION 1- Student and program Information. To be completed by the student requesting the OPT I-20	
Student's Last Name:	First Name:
Beach ID Number:	Alternative Email Address:
Current Address:	City, State, Zip Code:
Expected Program End Date OR coursework completion date:	Preferred OPT Start Date*:

SECTION 2- Student Acknowledgement. Your signature below confirms that you understand your responsibilities as an OPT applicant.

- ☐ I acknowledge that I am solely responsible for understanding OPT regulations including application process & deadlines, reporting requirements, unemployment limitations, and others as presented in OPT Self-Assessment/online tutorial and the CSULB OPT page.
- ☐ I understand the ISS advisors and staff will communicate with me primarily via **the alternative email** address provided above.
- ☐ I will notify an International Student Advisor if I cannot graduate on the date indicated in this form.
- ☐ I understand that I will not be eligible for an I-20 program extension in the case that I fail to complete all graduation requirements by the OPT authorization end date.

Sign here _____ **Today's Date:** _____

* You may request a preferred OPT Start Date. The date must be no earlier than the day after your program end date, and no later than 60 days after your program end date. The Start date cannot be changed after you file for OPT.

SECTION 3- OPT I-20 Eligibility Review. To be completed by the ISS Advisor.

The student's request is: ❒ Accepted ❒ Rejected ❒ Pending _____
Advisor name: _____ Decision Date: _____

Center for International Education
Office of International Students & Scholars
6300 E. State University Dr., Suite 185-B, Long Beach, CA 90815 | 562.985.5555 | cie-student@csulb.edu | csulb.edu/international