



THE UNIVERSITY OF TENNESSEE  
CHATTANOOGA

OFFICE OF INTERNATIONAL PROGRAMS

Optional Practical Training Request Form

Before submitting an OPT request, please visit, read and understand the content provided at <http://www.utc.edu/international>

Applicant Information

Applicant Name:	UTC ID Number:
Program End Date ( <i>Stated on I-20</i> ):	
Have you been authorized for OPT in the past? (Check one)      Yes      No	
If yes, when?	
UTC Email Address:	@moc.utc.edu

Phone number:

<p>For post completion OPT, you have a 60 day grace period after your completion date. Your completion date is your last day of your last semester. Your requested OPT start date must be within this 60 days grace period. Your OPT end date will be one year from your requested start date.</p>	
Pre-Completion OPT  Post- Completion OPT	Requested OPT Start Date:
<p>OPT Reporting Requirements: (<i>Initial each line to acknowledge that you have read and understand each requirement</i>)</p> <p><input type="checkbox"/> I will submit a copy of my receipt notice and EAD card to the UTC International Office for record keeping.</p> <p><input type="checkbox"/> I will report the start date and end dates of any period of unemployment to UTC International Office.</p> <p><input type="checkbox"/> I will report my US employer, work address and person information to the UTC International Office.</p> <p><input type="checkbox"/> I understand unemployment for over 90days during the OPT period (counted from my EAD start date) may negatively affect my F-1 status.</p> <p><input type="checkbox"/> I fully understand my responsibilities in maintaining status while on OPT.</p>	
Student Signature:	Date:



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Academic Advisor

UTC Student ID:	Major:
Expected Graduation Date:	Education Level:
Is this student currently registered? (check one)      Yes      No	
Advisor Name:	
Advisor Email:	
Department:	Phone Number:
"I hereby confirm that the information provided in this section is true and correct."	
Academic Advisor Signature:	Date:

Employment Information

Regulations require that you have employment while on post-completion OPT. You are only allowed to have a total of 90 days of unemployment in your 12 month period of OPT.

Supervisor Name:	Title:
Company/ Organization:	Phone Number:
Company/ Organization Address:	

**NOTE:** Provide a letter from the company/ organization that you are planning to complete your OPT with. If your OPT employer changes for any reason, you must notify your DSO of these changes.

International Office Only:

Reviewed by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_