



Millersville University

OFFICE OF INTERNATIONAL PROGRAMS AND SERVICES

OPT I-20 REQUEST FORM

Read the information about applying for Optional Practical Training (F-1 students) on the Office of International Programs and Services' website before completing this request form for OPT. You must submit this form along with the required documents listed below during an OPT workshop. Once this request is processed, you will be notified to pick up the OPT I-20 from IPS.

Please allow one week for processing.

First Name, Middle Initial		Last Name		Millersville Email	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		M Number	Telephone	
Current Address					

CHECKLIST OF REQUIRED DOCUMENTS

- Attended an OPT workshop
- Completed [Form I-765](#)
- Completed [Form G-1145](#)
- Unofficial transcript downloaded from MAX
- Proof of registration for GRAD999 course (Undergraduate only)
- Copies of all your (not your dependent's) CURRENT and PREVIOUS I-20s (page 1 & 2)
- Copy of your most recent [I-94 arrival/departure record](#)
- Copy of your previous Employment Authorization Document (EAD), if applicable
- Copy of passport biographical page and visa page
- Two passport sized photos
- Check or Money Order for filing fee made payable to "Department of Homeland Security". Visit the USCIS website for the filing fee amount: <https://www.uscis.gov/i-765>.

EMPLOYMENT INFORMATION

1. Level of Education and Major: _____, _____

**Level of education and major must be the same as indicated on your current I-20. If they differ, please speak with an Office of International Programs and Services Advisor as you may need to obtain a new I-20.*

2. Dual Degree/Double Major _____

3. Employment Dates: Begin (mm/dd/yyyy) _____; End (mm/dd/yyyy) _____

4. Employment Hours (check one): Part-time OPT (20 hours or less per week) Full-time OPT

5. Type of OPT (check one): Post-completion OPT Pre-completion OPT

- I certify that I have read the OPT information available at the Office of International programs and Services website and attended an OPT workshop.
- I understand that I must have health insurance coverage for the duration of my F-1 status and that if I have any dependents, they too must have health insurance.
- I also understand that I must report address changes to the Office of International Programs and Services and through MAX within 10 days of any change in my current (U.S.) or permanent (outside U.S.) address.

Signature: _____

Date: _____