



OPT I-20 REQUEST FORM

Read the information about applying for Optional Practical Training (F-1 students) on the Warfel Center for International Programs and Services' website found [\[HERE\]](#) before completing this request form for OPT. You must submit this form along with the required documents listed below after attending 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 WHICH MUST ACCOMPANY THIS FORM TO BE PROCESSED

- ☐ Unofficial transcript downloaded from MAX including proof of graduation
- ☐ 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>.
- ☐ Two passport sized photos. Refer to [Department of State photo guidelines](#)
- ☐ Completed [Form G-1145](#)
- ☐ Completed [Form I-765](#)
- ☐ Copy of most recent [I-94 arrival/departure record](#)
- ☐ Copy of your previous Employment Authorization Document (EAD), if applicable
- ☐ Copy of passport biographical page
- ☐ Copy of F1 visa page or Change of Status approval if you don't have an F-1 visa
- ☐ Copies of all your (not dependent's) current and previous I-20s (page 1 & 2)

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 a Warfel Center for 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 Warfel Center for 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 Warfel Center for International Programs and Services and through MAX within 10 days of any change in my current (U.S.) or permanent (outside U.S.) address.
- I understand that this form must be completed in DocuSign or be handed to the Warfel Center from Desk with a wet signature.

Signature: _____

Date: _____