



Bluefield State University

Office of International Student Services
Email: internationaladmit@bluefieldstate.edu

OPTIONAL PRACTICAL TRAINING (OPT) INFORMATION

Students in F-1 status may receive up to one year of OPT. This is defined by the USCIS as employment which is directly related to your degree program, but which is not part of your academic curriculum. Any F-1 student must have been enrolled for an entire academic year to qualify. Only one year of OPT is permitted for academic level. You may not apply for OPT sooner than 90 days before the program end date and no later than 60 days after the program end date. It is recommended that you apply at the earliest possible date.

To qualify for OPT you must meet the following requirements:

- You must be a student in good academic standing and have maintained your F-1 status for the duration of your program at Bluefield State University. This means that you must have been a full-time student attending concurrent semesters for the entire time of your study.
- You may apply for OPT after receiving your degree or in the period between completing all course work for a graduate degree and finishing a thesis or dissertation.

Complete the Request for Practical Training form completed and signed by both you and your academic advisor. This form is available at [XXXXXX](#)

Complete the OPT Checklist, sign it, and have your advisor sign it and turn it in to the Office of International Student Services.

To apply for OPT, submit the following items USCIS:

- Scans of your Passport showing your name, place of birth, and date of birth
- A copy of the I-94
- ALL original I-20s you have been issued
- Two passport sized photographs (2" x 2") which meet USCIS specifications for the employment card
- A \$410.00 money order or cashier's check made out to U.S. Department of Homeland Security.
- [I-765 Application for Employment Authorization](#)

The PDSO will review your application. You will receive a new I-20 endorsed for OPT, and you will send that and all other forms to the appropriate regional USCIS Service Center.

- Applicant is responsible for sending materials to USCIS Service Center.

When sending via United States Postal Service (USPS), ship to the following address:

USCIS Chicago Lockbox
P.O. Box 805373
Chicago, IL 60680

PROCESSING FOR OPT MAY TAKE UP TO 3 MONTHS. If you are not approved for OPT after 3 months from receipt of application by USCIS, you may apply for a temporary EAD card. **USCIS STATES THAT YOU MAY NOT WORK UNTIL THE EAD CARD IS RECEIVED AND ONLY DURING THE DATES LISTED ON THE EAD CARD!**

Return the documents in the following pages **ONLY** to the Office of International Student Services.



Bluefield State University

OPTIONAL PRACTICAL TRAINING (OPT) APPLICATION

Student completes this section:

Name: _____ BSU ID- _____

SS# (if applicable): _____ Date of Birth: _____ Gender: Male Female
(mm/dd/yyyy)

Country of Citizenship: _____ Country of Permanent Residence: _____

Address: _____

Phone: _____ Email: _____@live.bluefieldstate.edu

Major: _____ Degree Earned: _____

Degree Program Start Date: _____
(mm/dd/yyyy)

Degree Program End Date: _____
(mm/dd/yyyy)

Date of Graduation: _____
(mm/dd/yyyy)

Length of OP Training period requested: _____ From: _____ To: _____
12 Months (maximum) (mm/dd/yyyy) (mm/dd/yyyy)

NOTE: Only one year of OPT is granted after the baccalaureate degree program, and once granted, OPT cannot be cancelled, even if you do not find employment. You will need to allow up to 90 days for Immigration to process your application.

I hereby apply for a period of practical training related to my F-1 non-immigrant status. I understand that if it is granted, I am responsible for maintaining my F-1 status. I will notify the Office of International Initiatives immediately if I should move. I understand that if I receive permission for optional practical training, I am responsible for ensuring that the employment is appropriate for my academic degree, as required by USCIS (United States Citizenship and Immigration Services) regulations.

Signature of student: _____ Date: _____

As the student's Academic Advisor or Dean, I have reviewed the OPT outline above. With my signature below, I recommend that you authorize this student to participate in OPT as described.

Signature: _____ Date: _____

OPTIONAL PRACTICAL TRAINING CHECKLIST

Please print out, sign, and return to the Office of International Student Services. If you have any questions or concerns regarding this checklist, please consult the PDSO BEFORE signing this form.

- I understand that to qualify for the Optional Practical Training (OPT), I must be enrolled as a student for at least two consecutive semesters prior to OPT.
- I understand that my employment during my OPT must be directly related to my degree program.
- I understand that if I am delayed in completing my program prior to beginning my OPT, I am required to notify the PDSO immediately. I also understand that I am not allowed to study during my OPT.
- I understand that once I have applied for OPT with USCIS that it is not recommended that I cancel the OPT application. I understand that cancelling my OPT application may negatively affect my eligibility for OPT in the future following the completion of the baccalaureate degree.
- I understand that once I have submitted my OPT application to USCIS, I cannot change any information related to my employment such as start date or full-time/part-time status.
- I understand that I am not authorized to begin employment until the program start date on my Employment Authorization Card (EAD card). If my OPT has not been approved by the start date I requested, I understand that I cannot begin employment until either 1) I have been approved, or 2) I have applied for and received a temporary EAD card from USCIS.
- I understand that after I apply for OPT, I must contact the PDSO BEFORE I make any travel plans OUTSIDE the U.S. I understand that the PDSO will need to provide me with necessary information about international travel after I have applied for OPT.
- I understand that if I change my address or employer (with address) during my OPT that I MUST contact the PDSO to inform them of this change within 10 days.

By signing this form, I affirm that I understand this information:

Print Name: _____ Date: _____
(mm/dd/yyyy)

Signature: _____ BSU ID: _____