

Office of International Student Services

University of the District of Columbia 4200 Connecticut Ave NW Washington, DC 20008 Phone: 202-274-6317

Email: International@udc.edu

POST COMPLETION OPTIONAL PRACTICAL TRAINING (OPT) I-20 REQUEST

First Name:	Last Name:	
UDC ID Number:	Telephone:	
UDC Email:	Personal Email:	:
CURRENT U.S. ADDRESS: (House/Apar	ırtment/Unit number, Street Name, City,State, Zip c	:ode)
Campus: Lamond Riggs ((CC) Van Ness (Flagship)	
Current Major:		
Current I-20 Program End Date:		
If N, Enter Requested OPT End D Requested OPT Start date: Have you previously been appro	ns of Post Completion OPT? Y Note (mm/dd/yy) (mm/dd/yyyy) roved for OPT or other USCIS issued we horization: (Include	yyy) ork authorizations?
*Did you consult your Academic	c/Faculty advisor prior to completing	g this form? Y N
Name of Academic/Faculty Ad	visor:	
Did you attend an OPT information	ion Session/Workshop prior to comple	eting this form? Y N
*(Required)		
To Be Completed by a Designated S	School Official only (P/DSO):	
DSO Name	Signature	Date

Office of International Student Services

UNIVERSITY OF DISTRICT OF COLUMBIA 1851

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OPT I-20 Request Attestation:

Should USCIS approve my post-completion OPT petition, I understand and affirm that:

- I must pursue employment/work that is directly related to the program listed on my I-20.
- I am responsible for reporting to the Office of International Student Services and/or SEVP Portal any changes with the address and/or employer within 10 calendar days of the change.
- I will not exceed 90 days of unemployment, including weekends, holidays, and time out of the country.
- I will keep my passport valid six months into the future.
- I will request a signature on my I-20 and travel from International Student Services
- I will comply with all applicable U.S. tax and Department of Labor laws pertaining to my employment during Post Completion Practical Training (Post OPT)
- I understand that upon transfer of my SEVIS record or Change Degree levels, I will no longer be eligible to continue Post Completion OPT.

_____ Today's Date: ___

Disclosure: The Office of International Student Services can provide you with general guidance. However, any advice
provided to you by our office does not constitute legal advice. Additionally, due to the fluid nature of governmental interpretation, the USCIS may change its interpretation of the above-mentioned immigration policies, procedures,
regulations, and eligibility requirements for benefits at any time. This office will do its best to provide you with the most
current guidance. As each case is fact-specific, it is advised that you contact an experienced immigration attorney if
you have questions regarding your situation.

To Be Completed by a Designated School Official only (P/DSO):					
DSO Name	Signature	Date			

Student's signature____