



Student: Complete this section

First Name: Last Name: FSUID:

Major: Degree Level:

Current Address:

Street: City:
State: Zip:

Primary non-FSU email address:

This is the address SEVP will use for notifications about the OPT Portal and reminders. DO NOT ignore email from SEVP!

I attended or will attend an OPT workshop on:

Requested OPT start date:

Choose a date no more than 60 days after your Graduation Date. If you are a graduate student requesting an OPT start date earlier than your expected graduation date, please state your reason in the box below.

- 1) I have used CPT during my current degree program. Yes No
- 2) I have had OPT before, at a different degree level. Yes No
- 3) I am currently employed on-campus at FSU. Yes No (includes TA, RA, or any other employment at FSU)

In what department?:

Student Signature: _____ Date:

THIS SECTION MUST BE COMPLETED BY YOUR ADVISOR IN YOUR DEPARTMENT (NOT REQUIRED IF YOU HAVE ALREADY GRADUATED)

ACADEMIC DEPARTMENT ADVISOR - Please complete this section. The CGE does not accept incomplete applications.

Student's semester of graduation or final enrollment:

Fall Spring Summer Year (yyy):

If applicable: This graduate student has completed all course work requirements and has advanced to candidacy (Ph.D) or only has project/thesis hours remaining (master's) Yes No Expected Defense Date:

Signature: _____ Date:

E-mail: Phone: