

# F-1

Tompkins Cortland Community College  
Global Initiative Office, Room 230

## OPTIONAL PRACTICAL TRAINING DSO RECOMMENDATION REQUEST FORM

### 1. PERSONAL AND PROGRAM INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Local Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEVIS ID#: \_\_\_\_\_ College \_\_\_\_\_

Degree Program: \_\_\_\_\_ Major: \_\_\_\_\_

Expected Date of Completion of Studies: \_\_\_\_\_

### 2. TYPE OF OPT YOU ARE REQUESTING:

- **Pre-Completion of Studies: Full-time.** Available during vacation periods of after completion of all of coursework except for comprehensive, thesis, or dissertation **only**.  
**Starting on:** \_\_\_\_\_ **and ending:** \_\_\_\_\_

- **Pre-Completion of Studies: Part-time.** (20 hours or less per week)  
**Starting on:** \_\_\_\_\_ **and ending:** \_\_\_\_\_

- **Post-Completion of Studies:**  
**Starting:** \_\_\_\_\_

*Your start date may be any date after you complete your studies up to 60 days later. (If you choose a day within the 60 day period following completion of your program, you will likely not receive the full 12 month OPT benefit due to USCIS processing delays.)*

**Ending:** \_\_\_\_\_

*You must apply for all of the 12-month benefit you have remaining for this program of study unless you have plans for further study at the same education level, e.g., a second master's degree.*

**3. PREVIOUS OPT:** If you have previously received OPT employment authorization for your current education level, indicate the date(s) it was authorized and the start and end dates on your EAD(s):

**Starting on:** \_\_\_\_\_ **and ending:** \_\_\_\_\_

**4. DESCRIBE YOUR PROPOSED EMPLOYMENT AND EXPLAIN HOW IR RELATES TO YOUR MAJOR.** Do not say that you are “seeking an entry level position that is appropriate for your skills and experience!”

**5. DEPARTMENTAL CERTIFICATION**

I certify that the student named on the other side of this request form is expected to complete or has completed all of the requirements for his/her program of study on (date) \_\_\_\_\_ and that the proposed employment described in item #4 above is directly related to his/her current major field of study.

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Departmental Signature	Name (please print)
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Title (please print)	Department (please print)
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Telephone	E-mail
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Date Signed

**6. STUDENT’S ACKNOWLEDGEMENT OF UNDERSTANDING**

I understand that I am requesting the DSO’s recommendation for Optional Practical Training Employment authorization. The ISSS will advise and assist me with reviewing my application for completeness and eligibility. Once the school has recommended the OPT, the application will be returned to me for filing it at the USCIS.

I understand that I am completely responsible for properly filling my OPT application with the USCIS and tracking its processing through the USCIS Case Status Online System at [www.uscis.gov](http://www.uscis.gov).

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My Signature	My Name (please print)
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Date Signed