

Post-Completion Optional Practical Training: Student Information Sheet

Pratt ID#: _____

Surname (as shown on passport): _____

Given Name (as shown on passport): _____

Date of Birth: _____

Major: _____

Degree Level: _____
[ex. Bachelors, Masters, Certificate, etc.]

SEVIS Number (from your I-20): **N** _____

When would you like your OPT to begin?

Beginning Date: _____

Phone Number: _____ Email Address: _____

U.S. Physical Address: _____

U.S. Mailing Address: _____

Home Country Address: _____

Please select which option(s) is appropriate:

I have attended an OPT workshop.

I have read the OPT PowerPoint presentation online.

** If you have not attended a workshop, you must read the PowerPoint presentation online for OIA to process your OPT application.