

## **OPTIONAL PRACTICAL TRAINING (OPT) INSTRUCTIONS**

You do not need a job offer to be eligible for OPT.

A. Complete and gather the following OPT application documents. Submit them to the International Student Advisor in the Office of Graduate Programs (Hotung 6000).

1. Form I-538 [section A]

- Question 3 – answer is the SEVIS number – Check the top right corner of your I-20. The SEVIS number starts with the letter N.
- Question 4 - Check the stamp in the upper right hand corner of your first I-20 form for the answer to question 4 “date first granted F-1 status.”
- Question 5 – Please indicate the appropriate level [J.D. Other, LL.M. or, S.J.D.]
- Question 7. - Your answer to question 7 is “lawyer” [for graduates] or “law clerk” [for continuing students].
- You must list a specific beginning and end date.\*
- Graduating students and others seeking full-time employment should list the “hours per week” as 40. Continuing students seeking only part-time authorization can list 15.
- **Sign and date the I-538 in blue ink under the box after question 8.**

\*Dates of Optional Practical Training: Request the dates you wish to begin and end your employment. USCIS usually will honor your request, although the current regulations permit them to issue your work authorization for either the “date of completion of studies” or the date the Employment Authorization Document is issued, “whichever is later.”

*For May 2009 graduates- the requested days of post-completion full-time Optional Practical Training must begin on a day between May 18 and July 15, 2009. You must apply prior to May 8, 2009. If you plan to apply after May 8<sup>th</sup>, during your 60 day grace period, please discuss the ramifications with Indira Dingleline. **Your PERMISSION to work must begin no later than July 15, 2009, even if you have a job offer that starts after that date.***

2. Mail Release Form

- By signing the release, you are granting the Office of Graduate Programs permission to open any mail sent to our office on your behalf by The Department of Homeland Security, and its subsidiary departments. Of course this is not required for the submission of your application, but will greatly expedite the OPT process.

3. Form I-765:

- Check the appropriate box above question one. Most of you are requesting permission to accept employment.
- Question 3 – To ensure you receive the OPT documents and that copies are available in your file, we suggest you use the Office of Graduate Programs address for the “address in the United States”. We also suggest you use our address because the US Postal Service will not forward OPT related mail in the event you move to a new address.

Washington, D.C. 20001

- Questions 14 and 15: Answer “F-1 student.”
  - Question 16: will be completed by the Office of Graduate Programs.
  - Question 17: Does not apply to Law Students – Answers to 17 are NA
  - **Sign after the certification in blue ink.**
4. Copy of all I-20 documents, including copies of I-20s from past academic programs. Applications are sometimes returned by USCIS if the application does not include a copy of all past I-20 documents.
  5. \$340.00 check payable to US Citizenship and Immigration Services (USCIS).
  6. A copy of **both sides** of your I-94 card [white card in your passport]
  7. A copy of the F-1 entry visa from your passport.
  8. A copy of the front page [biographical page] of your passport.
  9. Two color passport style photographs with your name written in pencil on the back. USCIS will not accept your application if the photos do not meet the current US passport photo specifications. *This will delay your work authorization by several weeks!*
- B. Before we can mail in your OPT request, you need to sign it. We will send you an e-mail when we have your OPT request ready. If you have not heard from us in **ten days** of submitting your original OPT paperwork, please contact us to make sure there is not a problem.
- C. We will mail the application and supporting documents to USCIS. USCIS will mail your receipt notice which has your application receipt number. We will contact you when the receipt notice is available if you had it mailed to us. This is **NOT** your employment authorization. It is merely a receipt notice, confirming that your completed application has been received and is in process.
- D. You can check the status of your Optional Practical Training after receiving the receipt notice (I-767) by logging on to the USCIS Case Status Online website at:  
<https://egov.immigration.gov/cris/jsps/index.jsp>
- E. Once the Office of Graduate Programs receives your Employment Authorization Document (EAD card), we will contact you and make a copy of for your records. The EAD card will be available for pick up in Hotung 6000, or if you are not in D.C. at the time the EAD card arrives, we will mail it to the address of your choice.
- F. **Your responsibilities during OPT include notification to the Office of Graduate Programs of:**
- **Any new personal or contact information. Notify us every time you change your address. The immigration service requires this notice within ten days.**
  - **Your employer’s name and address**
  - **Any subsequent employer’s name and address**
  - **When you end OPT (returning home permanently)**
  - **A change in visa type (to H-1, TN, etc)**

### Certification by Designated School

**SECTION A. This section must be completed by the student, as appropriate. (Please print or type):**

1. Name: (Family in CAPS) (First) (Middle)			2. Date of birth:
3. Student admission number: N		4. Date first granted F-1 or M-1 status:	
5. Level of education being sought:		6. Student's major field of study: Law	
7. Describe the proposed employment for practical training: Lawyer/ Law Clerk			

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

8. List all periods of previously authorized employment for practical training:

A. Curricular or work/study:	B. Post completion of studies

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B. This section must be completed by the designated school official (DSO) of the school the student is attending or was last authorized to attend:**

9. I hereby certify that:

The student named above:

- Is taking a full course of study at this school, and the expected date of completion is: \_\_\_\_\_
- Is taking less than a full course of study at this school because: \_\_\_\_\_
- Completed the course of study at this school on (date): \_\_\_\_\_
- Did not complete the course of study. Terminated attendance on (date): \_\_\_\_\_

Check one:

- A. The employment is for practical training in the student's field of study. The student has been in the educational program for at least nine (9) months, is in good academic standing, and is eligible for the requested practical training in accordance with INS regulations at 8 CFR 214.2(f)(10). The training that the student will participate in is an integral part of an established curriculum.
- B. The employment is for an internship with a recognized international organization and is within the scope of the organization's sponsorship. The student is in good academic standing.

10. Name and title of DSO:	Signature:	Date:
11. Name of school:	School file number:	Telephone Number:

**For Official Use Only**  
Microfilm Index Number: \_\_\_\_\_

(See instructions on reverse)

**GEORGETOWN UNIVERSITY LAW CENTER  
OPTIONAL PRACTICAL TRAINING - MAIL RELEASE**

(Your permission for our opening The Department of Homeland Security mail is not required for the submission of your OPT application. Your permission for our opening your DHS mail will greatly expedite the OPT process and enable our copying of your records. These copies will be stored in case you need to access the documents in the future.)

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**Name (Please print)**

**Email you will use after graduation:**

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**(PERMIT)**

**POSTAL MAIL RELEASE:**

**I, \_\_\_\_\_, PERMIT the staff of the Georgetown  
(Please print your name)  
University Law Center's Office of Graduate Programs to open mail received from  
The Department of Homeland Security and its subsidiary departments on my  
behalf at The Office of Graduate Programs.**

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**(Signature)**

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**(DO NOT PERMIT)**

**POSTAL MAIL RELEASE:**

**I, \_\_\_\_\_, DO NOT PERMIT the staff of the  
Georgetown (Please print your name)  
University Law Center's Office of Graduate Programs to open mail received from  
The Department of Homeland Security and its subsidiary departments on my  
behalf at The Office of Graduate Programs.**

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**(Signature)**

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**I-765, Application For  
Employment Authorization**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied.		
<input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:  Permission to accept employment.  
 Replacement (*of lost employment authorization document*)  
 Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	Which USCIS Office? _____	Date(s) _____
2. Other Names Used (Include Maiden Name) _____	Results (Granted or Denied - attach all documentation) _____	
3. Address in the United States (Number and Street) _____ (Apt. Number) _____ Grad Progs GT Law Hotung 6000	12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____	
(Town or City) _____ (State/Country) _____ (ZIP Code) _____ 600 New Jersey Ave NW Washington DC 20001	13. Place of Last Entry into the U.S. _____	
4. Country of Citizenship/Nationality _____	14. Manner of Last Entry (Visitor, Student, etc.) _____	
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	15. Current Immigration Status (Visitor, Student, etc.) _____	
6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Go to <b>Part 2</b> of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 ( C ) ( 3 ) ( )	
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below. Degree: <u>NA</u> Employer's Name as listed in E-Verify: <u>NA</u> Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number <u>NA</u>	
9. Social Security Number (Include all numbers you have ever used) (if any) _____		
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____		
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No		

**Certification**

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of person preparing form, if other than above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks	Initial Receipt	Resubmitted	Relocated			Completed	
			Rec'd	Sent	Approved	Denied	Returned

