



## Application for F-1 POST-Completion Optional Practical Training

### Part I. To be completed by the STUDENT:

Family/Last name: \_\_\_\_\_ Given/First name \_\_\_\_\_

Email: (NON-BC email) \_\_\_\_\_ Phone: \_\_\_\_\_

#### 1. I am requesting POST-Completion OPT as follows:

*DO NOT apply for POST-completion OPT unless you are certain that you will complete your studies before you begin OPT.*

**Beginning date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

*You must choose a start date within 60 days after your completion of studies date. Example: If you complete your studies on May 18<sup>th</sup> you can chose a date between May 19<sup>th</sup> and Jul 18<sup>th</sup>. Once submitted to USCIS they CANNOT be changed!*

#### 2. Description of proposed employment: (NOT company specific) Example: Would like to work as an accountant

3. Employer information (if known): \*\* \_\_\_\_\_

(Name and Address) \_\_\_\_\_

#### 4. Complete if you have received PRIOR F-1 OFF-campus work authorization from a U.S. institution:

Please circle: OPT/CPT Full time/Part time Bachelor's/Master's/Ph.D Dates: \_\_\_\_\_

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#### 5. Statement of understanding: (Very important- please read!)

- I understand that my employment must be related to my major(s).
- I understand that I must not accrue more than 90 days of unemployment during my OPT period. (Employment includes volunteer work, internships, and employment that equals at least 20 hours per week.)
- I understand that that I am required to notify the OISS via an on-line form at [www.bc.edu/oiss](http://www.bc.edu/oiss) **within 10 days of any change** including: change of home address or email, change of employer, termination of employment, change of visa status or my decision to depart the U.S.

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Part II. To be completed by the Dean's office, Department Chair or Academic Advisor:

The above student is applying for work permission after completion of studies through the U.S. Immigration Service. If granted, this student will be authorized for **employment directly related to his/her degree**. Please confirm the following:

**The student is considered to be full-time, in good academic standing and is expected to complete ALL**

**degree requirements, including thesis/dissertation by:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*

*\* For Ph.D students: This is the date that they complete their degree requirements, NOT the day of graduation. The completion date for Ph.D students will be the day that they submit their defense AND complete all revision. Master's students who finish in the first summer session should have the end of that first summer session as their completion date.*

**Any questions please contact Susan Shea, Assistant Director at 2-8005 or at [sheasc@bc.edu](mailto:sheasc@bc.edu)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_