

Part I. Student Information					
1. Family Name:	2. Given Name:		3. Middle Name:		
4. Dawgtag #:	5. SEVIS ID #: N0	0	6. Emai	Email:	
7. Phone #:	8. Degree:	-	9. Major:		
10. School/Department:		11. College:			
12. Expected Date of Completion:		13. Proposed OPT Start Date:			
14. Current U.S. Address:					
Part II. Past Practical Training Information (Must submit copies of all previous CPT/OPT I-20s, if applicable)					
15. List ALL periods of Previous Authorized Practical Training below (if applicable).					
Curricular Practical Training		Optional Practical Training			
Start Date:	End Date:	Start Date:		End Date:	
Start Date:	End Date:	Start Date:		End Date:	
Start Date: End Date:		Start Date:		End Date:	
Part III. Submission Instruction					
<ul> <li>Read the above instructions and submit the following documents to ISSS:</li> <li>This form, completed and signed.</li> <li>A copy of OPT Management Fee receipt of \$100 - paid online here: https://magie.collectorsolutions.com/magie-ui/Payments/siuc/95</li> <li>Allow 7 business days for ISSS to process your OPT I-20 request. Once it is ready, we will contact you via email.</li> </ul> Note: I confirm that I have read all information above and am aware of my responsibility to maintain my status and will notify ISSS/CIE of any changes as described above in a timely manner.					
16. Student's Signature:		17. Date:			
Part IV. Academic Advisor/School/Program Director Signature					
18. Name:		Title:			
19. School:		College:			
20. Email Address:		Phone #:			
I have reviewed the student's records and I agree that the student's anticipated program completion date is correct or that the					
student has completed/will complete their program of study on (Date):					
21. Advisor's Signature:   Date:					

Note: CIE will email the OPT recommendation Form I-20 to the student, if the application meets the requirements.