

OPT AUTHORIZATION REQUEST FORM

TO BE COMPLETED BY STUDENT

STUDENT	ID:				
NAME:					
DATE: OF	CURRENT 1-20 EXPIRA	TION/Program C	ompletion Date: (lick or tap to enter a	date.
EMAIL:					
ADDRESS	:				
TELEPHO	NE/MOBILE NUMBER:				
MAJOR(S)):				
Have you	been authorized for OP	T in the past? Sele	ect Answer		
If	yes, when? Click or tap	to enter a date.			
If	you have been authoriz	zed in the past, on	which degree lev	el was it based?	
	Associate's □	Bachelor's □	Master's □	Ph.D. □	
Requested	OPT Authorization Da	tes:			
	tart Date: Click or tap t Start Date MUST be con			ate: Click or tap to en	iter a date.
For which	type of OPT are you ap	plying?			
P	re-Completion: 🗆	Post-Completio	n: 🗆		
Do you wi:	sh to apply for STEM OI	PT:			
Υ	′es □	No □			
By signing OPT autho		erstand the respo	nsibilities require	d for maintaining F-1 st	tatus during my period o
	of student:			Date	: Click or tap to enter a
doto					



OPT AUTHORIZATION REQUEST FORM

TO BE COMPLETED BY COUNSELING CENTER

Student's Major(s):
Expected Graduation Date: Click or tap to enter a date.
Level of Study:
Associate Degree: □ Bachelor Degree: □
If student is requesting 'pre-completion' OPT, has s/he completed all the required courses? Yes: □ No: □
Counselor signature : Date: Click or tap to enter a date.
Counselor Name (PRINT):
Please complete form and return to your DSO in JSC-208. Please submit the following with this completed form:
1. Copy of all prior I-20 forms
2. Copy of any previous employment authorization documents (EAD)

- 3. Complete FORM 1-765, Application for Employment Authorization, marked with the proper category code:
 - (c)(3)(A) for pre-completion OPT
 - (c)(3)(B) for standard post-completion OPT

Please inform the International Student Program at SAC of employment and any change of employment within 10 days of any changes.

Please note, that Santa Ana College is not responsible for work OPT placement. OPT placement is the fullresponsibility of the F-1 student.