

I-20 Request Document for Optional Practical Training (OPT)

Family Name	First Name	Middle Name	Date of Birth
Email Address: _____		Student ID Number: _____	
Department(s) of Study: _____		Major(s) of Study: _____	
Degree you expect to receive at UVA: _____			
Signature			Date

Information of dependent family members accompanying you in F-2 status including:

1. Full name as it appears in passport; 2. Date of birth; 3. Place of birth; 4. Country of citizenship; 5. Gender; 6. Relationship to you

Have you ever applied for or received *optional* practical training employment authorization? YES NO

If yes, please provide the validity dates here: _____

Have you ever applied for or received *curricular* practical training employment authorization? YES NO

If yes, please provide the validity dates here: _____

I am now requesting employment dates from: _____ **to:** _____

I have not accepted a job offer yet – you must contact the ISO with the name and full address of any future employer

I have accepted a job offer – you must complete the employer's information below and contact the ISO if there is any change:

Employer Name: _____

Complete Employer Address: _____

Job Title: _____ Employer EIN (if known): _____

Supervisor's Name, Telephone, and Email Address: _____

Start (and End if known) Dates of Employment: _____

Important: If you will experience any change in your ability to maintain the current conditions of your F-1 status you must report that change to the ISO immediately. Local address changes must be updated in ISIS (or by email if on post-completion OPT) within ten days of any change.