OPT APPLICATION CHECKLIST FOR STUDENT

1. Submit the following list of materials and your completed Employment Authorization Request Form to the International Student Coordinator at DigiPen.
   - Check or Money order for $340 made payable to “Department of Homeland Security”
   - Completed Form I-765
   - Copy of signed/highlighted I-20 with OPT recommendation
   - Copy of previous I-20s
   - Copy of I-94 (both sides)
   - Copy of biographical passport page
   - Copy of visa page in passport
   - Two passport-style photographs
   - Copy of any previous EAD cards
   - Evidence of NSEERS registration (if applicable)

2. After all forms are reviewed, they will be returned to you with your new I-20 recommending an OPT.

3. Make a copy of your entire application packet before sending it to U.S. Citizen and Immigration Services (CIS). Mail the application to the address below. Request a “Return Receipt” from the Post Office, so you will know when CIS has received your application.

   Standard mail
   U.S. Dept. of Homeland Security
   USCIS Nebraska Service Center
   PO Box 87765
   Lincoln, Nebraska 68501-7765

   Overnight Express mail
   US Dept. of Homeland Security
   USCIS Nebraska Service Center
   850 S Street
   PO Box 87765
   Lincoln, Nebraska 68501-7765
   Attn: PO Box 87765
   Lincoln, Nebraska 68508
   Phone: 402.323.7830

3. CIS will send you a receipt within 30 days. The receipt will have the date CIS received your application, the date the receipt was mailed to you, and an estimate of when your application will be processed. Average processing time is at least three months. The receipt will also have a "LIN number" at the top right-hand corner. You may use this number to check the status of your application on-line at: https://egov.immigration.gov/cris/jsps/index.jsp.

4. You will be issued an Employment Authorization Document (EAD) within approximately 90 to 120 days, if CIS approves your application. The EAD is a photo-identification card, similar in shape and size to a driver’s license, on which is noted the beginning and ending dates of your OPT authorization.

5. When you receive the EAD, please bring, mail, or fax (425-558-0378) a photocopy of the card to the Administration Office.

6. Remember to tell the Administration Office if you change your address at any time during your OPT authorization.
EMPLOYMENT AUTHORIZATION REQUEST FORM

Name: ___________________________ Phone: ___________________________ Status: ________________

Last, First F1, J1, etc.

DIT Student ID#: ___________________________ Date of Birth: ___________________________

(Month/Day/Year)

Email Address: ___________________________

2. I am applying for work authorization based on:

_____ Curricular Practical Training:

_____ Part – time (up to 20 hrs/week)

_____ Full – time (20 hrs/week or more)

_____ Optional Practical Training:

_____ During Vacation Semester

_____ After Graduating

_____ As a registered full-time student (may work up to 20 hrs/week only)

_____ While registered for Thesis or Dissertation Credit (may work full-time)

_____ Economic Hardship

_____ Special Student Relief/Emergent Circumstances

3. Describe the proposed employment for practical training.

Number of Hours per Week: ___________________________ Start Date: ___________________________

End Date: ___________________________

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

<table>
<thead>
<tr>
<th>Curricular</th>
<th>Optional</th>
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</thead>
<tbody>
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To be completed by Student’s Academic Advisor:

Student’s Field of Study: ___________________________ Student’s Degree Level: ________________

Student is expected to complete his/her degree objective on ___________________________.

(Month/Day/Year)

Advisor’s Signature ___________________________ Advisor’s Printed Name ___________________________

Date ___________________________

For Optional Practical Training Applicants ONLY:

I DO/ DO NOT (circle one) recommend that this student be granted employment authorization in his/her field of study commensurate with level of education.