

# Employment Authorization Request Form

Upon completion of this form, you may email it to the Office of the Registrar [registrar.us@digipen.edu](mailto:registrar.us@digipen.edu) and the Office of International Student Affairs [dso@digipen.edu](mailto:dso@digipen.edu).

## STUDENT INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last Name, First Name*

Student ID Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Email Address: \_\_\_\_\_

### 1. 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
  - Pre-Completion OPT (employment off campus while you are in school)
  - Post-Completion OPT (employment off campus after graduation)

### 2. Please provide your proposed employment start date for practical training.

### 3. List all periods of previously authorized employment for practical training.

## TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR (OOR)

We certify that the student:

- 1. is expected to complete their degree upon finishing all degree requirements OR
- 2. has completed their degree on \_\_\_\_\_

\_\_\_\_\_  
Signature from OOR

\_\_\_\_\_  
Printed Name

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