

Employment Authorization Request Form

Upon completion of this form, you may email it to the Office of the Registrar registrar.us@digipen.edu and the Office of International Student Affairs 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.

Note: If you have used 12 months of employment authorization, aka "OPT" for a degree at another institution, you do not qualify for another OPT at the same educational level and your OPT application will be denied.

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