

Optional Practical Training (OPT) Application

Section I: To be completed by the student:

Name: _____
Family First/Given Middle

WID#: _____ Email: _____

Daytime Phone: _____ Passport Expiration Date* _____
*If your passport is within 6 months of expiring, renew it as soon as possible.

Have you had Practical Training before (CPT or OPT?) ☐ Yes ☐ No
If yes, please provide verification of authorization of all previously authorized CPT or OPT.

Which type of OPT are you applying for?

- ☐ **Pre-Completion OPT**---Make an appointment with an ISSS advisor before submitting application.
- ☐ **Post-Completion OPT**---OPT authorized after the student's program end date. Only Full-time authorization. Post-completion OPT applications can be submitted to USCIS 90 days prior to program end date.
For Post-Completion OPT, ISSS will shorten the program end date on the I-20 to be the end of the semester or a date agreed upon by you and your ISSS advisor.
If you work on-campus at KSU, you must go off of payroll as of the new program end date.

Requested Program End date: _____

Graduate students-If you wish to use a date other than the end of the semester you plan to complete, please make an appointment with your ISSS advisor in order to fully understand the impacts of this decision. The decided upon date should be written here.

Requested OPT start date: _____ **End date:** _____

- For students applying for post-completion OPT, your proposed begin date must be within 60 days of your new I-20 program end date.
- For post-completion the end date will be 12 months after the start date unless OPT had been previously authorized for the current education level.

Do you plan to file your OPT application via mail or through the USCIS online account system?

- ☐ I will file the paper-based I-765 form by mailing my application to USCIS.
- ☐ I will use the USCIS online filing system.

Documents to Submit to ISSS: Please allow 7-10 business days for processing

- Completed OPT Application
- Copies of any I-20s reflecting previous CPT or OPT
- Copy of receipt indicating applicant's payment of the \$150 OPT Fee (as of 08/01/2026)
- Copies of passport identification and validity page, visa page, and I-94 (www.cbp.gov/i94 printout)

By signing this form, I confirm I understand the responsibilities and requirements of OPT in order to maintain my F-1 status as listed below:

- Reporting requirements: you must confirm validity of the following every six months: *legal name, residential/ mailing address; employer name and address and status of employment experience*. If there is a change to any of the above information before your 6-month update is due you must report this change to ISSS within 10 days. You can find the OPT Update form online: <http://www.k-state.edu/issc/students/f1/opt.html>.
Please be sure ISSS also has a copy of your most recent EAD.
 - Not to exceed 90 days of unemployment during the 12 month period.*
- Employment must be in a position related to your field of study
- Students may work as volunteers or unpaid interns, where this practice does not violate any labor laws. The work should be at least 20 hours per week for students on post-completion OPT. A student should be able to provide evidence, acquired from the student's employer, to verify that he or she worked at least 20 hours per week during the period of employment."

Student's Signature: _____ Date: _____

KANSAS STATE
UNIVERSITY

International Student
& Scholar Services

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Section II: To be completed by the academic advisors/major professor

We rely on the information provided by academic advisors/major professor in order to verify the eligibility of the student to apply for post-completion OPT. Please complete the following entirely. Thank you for your assistance.

Student Name: _____

Primary degree level and major: _____

Undergraduate Students:

☐ Student is in the final semester of his/her degree program and will ***not*** need additional coursework to complete the degree if s/he successfully completes all coursework undertaken this semester.

☐ Spring ☐ Summer ☐ Fall

Year of completion: _____(indicate year).

Graduate Students

☐ No Thesis Option- student is in the final semester of his/her degree program, does not need additional coursework to complete the degree, and is scheduled to graduate the semester noted below:

☐ Spring ☐ Summer ☐ Fall

Year of completion: _____(indicate year).

☐ Thesis/Dissertation Option—Please complete all fields below.

- Student will have completed the necessary coursework for the degree. *Graduate students are eligible for Post-Completion OPT after the completion of all coursework requirements for the degree (coursework includes required research hours for degree completion but may exclude enrollment beyond that for completion of thesis or dissertation).*

☐ Spring ☐ Summer ☐ Fall

Year of completion: _____(indicate year).

- Date of defense of thesis/dissertation: _____.
mm/dd/yyyy

- Expected degree completion _____.

Per review of the academic record for the student listed above, I confirm the information stated is accurate.

Printed Name of Academic Advisor/Major Professor and Department

Phone Number

Signature of Academic Advisor/Major Professor

Email

Date

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