

Pre-OPT verification form for Graduate Students

The purpose of this form is to verify certain factors that may impact a student's eligibility to apply for Precompletion Optional Practical Training.

Key eligibility requirements for Pre- OPT, as set forth by federal government regulations and university policies, include the following:

- Student has maintained valid F-1 student status
- Student has studied fulltime in the U.S. for at least 1 academic year (Note: Language training and non-degree program do not count toward one academic year.)
- Student has completed fewer than 365 days of fulltime CPT at the current degree level
- Student has not engaged in 12 months of OPT (Pre or Post) at the current degree level
- Student has registered for on-ground course(s) during the entire period of requested Pre-OPT dates, unless Pre-OPT takes place during the annual vacation period

How do I submit this request?

After getting Part II and III completed by your college, you need to submit the request go to the request for Pre-OPT recommendation I-20 request eform and upload this form along with other required documents.



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| Part I: Student Information (To be complete | ed by student) | |
|---|---|------------------------------------|
| | | |
| Name | Given Nan | ne |
| Northeastern ID: | Major: | |
| Pre-OPT Requested dates:t | o (end date of Pre-OPT ca | annot be past the completion date) |
| _ | | |
| Pre OPT will be: | ours/week) Part time (Les | s than 20 hours per week) |
| Part II: Verification (To be completed by SEV | IS contact in your college) | |
| 1 1 | ne academic status during the regular aca rard the successful completion of their pr | _ |
| This student has completed all cou | rse work except for thesis or dissertation | |
| Will this student have an SGA during the per Please note students on Pre-OPT cannot part | | S NO |
| Program Completion term: | | |
| Semester Based Programs | Quarter Based Programs | |
| ☐ Fall (December 20) | ☐ Fall (December 19) | 1 |
| ☐ Spring (May 8) | ☐ Winter (April 3) | Program Completion Year: |
| ☐ Summer I (July 2) | ☐ Spring (July 3) | |
| ☐ Summer II & Full Summer (August 2 | 9) Summer (August 30) |] |
| ☐ Other: | (i.e. Law school, thesis/dissertation) | |
| Part III: Signature | | |
| Dean/SEVIS contact (required for Graduate sthe SEVIS contact): | students and all CPS students if your Aca | demic Advisor is different from |
| Name (please print): | College: | |
| Signature of Dean/SEVIS contact: | | Date: |