



**HOWARD**  
**UNIVERSITY**

Office of the International Student & Immigration Services

# Post-Completion OPT Application Form

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**\*Please read our OPT workshop on our website before starting your OPT process\***

**\*It is student's responsibility to complete and submit the USCIS Form I-765. Our office can only provide minimum guidance for USCIS Form I-765\***

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**Post Completion OPT is practical work experience in your field of study after completion of a degree. Initial OPT allows students to work for up to 12 months. The result of the entire OPT application process is an Employment Authorization Document (EAD) in the form of a card that is issued by U.S. Citizen and Immigration Services (USCIS) and lists the dates of your approved OPT period**

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2400 6th Street, NW | Suite G-10 | Washington, DC 20059

202.806.2777 **OFFICE** | 202.806.4971 **FAX**



[Howard.edu](https://www.Howard.edu)



**Student Information**

- **First/Last Name:** \_\_\_\_\_
- **SEVIS ID Number:** \_\_\_\_\_
- **Program of Study:** \_\_\_\_\_
- **Level of Study:** ☐ Undergraduate ☐ Graduate (Master's)  
(Please check one) ☐ Graduate (Ph.D.) ☐ Medicine ☐ Dentistry ☐ Law

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**OPT Information: *(Start date must be within the 60 days from the program end date)***

- **OPT Start Date:** \_\_\_\_\_
  - **OPT End Date:** \_\_\_\_\_
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**Student's Certification:**

I, \_\_\_\_\_, certify that the information provided above is correct, and I have read and acknowledge the OPT information page above.

I, \_\_\_\_\_, understand that completing and submitting the USCIS Form I-765 for Optional Practical Training (OPT) is my responsibility. I understand the importance of timely and accurate submission and that it is my duty to ensure the application is completed correctly and submitted to USCIS.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## Academic Advisor Form

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- **Student First/Last Name:** \_\_\_\_\_
  - **Program of Study:** \_\_\_\_\_
  - **Level of Study:** ☐ Undergraduate ☐ Graduate (Master's)  
(Please check one) ☐ Graduate (Ph.D.) ☐ Medicine ☐ Dentistry ☐ Law
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### Confirmation of Graduation Date:

As part of the Post completion OPT application process, we need confirmation of the student's expected program completion date. Kindly provide the anticipated date of program completion below.

- **Anticipated Program completion Date (MM/DD/YYYY):**

\_\_\_\_\_

By confirming this date, you verify that the student is expected to complete all the degree requirement and graduate on this date.

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### Advisor's Signature:

By signing below, I confirm that the student's graduation date has been accurately provided, and I recommend the student for OPT based on their academic standing.

- **Advisor's Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

