

### **Standard OPT Questionnaire**

PLEASE COMPLETE THE FOLLOWING AND BRING THIS FORM TO YOUR APPOINTMENT

Last Name	First Name	UFID	Telephone Number
E-Mail	College	Major	Degree Level

#### **Prior CPT or OPT**

Have you been authorized for any **CPT** in the past?  Yes  No

If yes, please list the dates you were authorized:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  Full-Time  Part-Time  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  Full-Time  Part-Time  
Completed during or after which degree level?  Bachelor  Master  PhD

Have you been authorized for any **OPT** in the past?  Yes  No

If yes, what were the dates for which you were authorized?

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  Full-Time  Part-Time  
Completed during or after which degree level?  Bachelor  Master  PhD

**Master's Students:**  Thesis  Non-Thesis

**Master's/PhD Students:**  I currently have an Assistantship/Fellowship  
 I do NOT currently have an Assistantship/Fellowship

#### **Post-Completion OPT**

Estimated Graduation/Completion Date: \_\_\_\_\_  
(to be completed by International Student Advisor)

**OPT Start Date:** \_\_\_\_\_ (no later than 60 days after your graduation/completion date)  
(must choose a start date in order to apply for OPT; this may be discussed during your appointment)

OPT End Date: \_\_\_\_\_ (to be completed by International Student Advisor)

***By signing, I acknowledge that I have chosen the above OPT start date and understand that I cannot work until I have received my OPT card and the date requested has arrived or passed.***

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