

HAMILTON COLLEGE  
International Student Services  
315-859-4021

F-1 OPTIONAL PRACTICAL TRAINING  
INFORMATION FORM FOR APPLICATION

Name: \_\_\_\_\_

Hamilton ID # \_\_\_\_\_ Expiration date of passport \_\_\_\_\_

Expiration date of visa \_\_\_\_\_ SEVIS ID # \_\_\_\_\_

If you have already used OPT, list the authorized dates from your EAD for EACH OPT period:

1) Beginning \_\_\_\_\_ Ending \_\_\_\_\_

2) Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Applying for \_\_\_\_\_ Post-Completion OPT \_\_\_\_\_ Pre-Completion OPT

If Pre-Completion, applying for \_\_\_\_\_ Full time (20+ hours/wk) \_\_\_\_\_ Part time (less than 20 hrs/week)

STUDENT STATEMENT OF INTENT

Describe your proposed employment and its relationship to your major. *Be specific! Do not say that you are "seeking entry level work appropriate for your skills and experience!"*

Field of Study \_\_\_\_\_

Statement of Intent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed beginning date \_\_\_\_/\_\_\_\_/\_\_\_\_ Proposed end date \_\_\_\_/\_\_\_\_/\_\_\_\_

(OVER)

Employer Name and Address (if known):

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Where can we reach you during the semester?

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How can we reach you after graduation or the end of the semester? If you are not sure, please provide the name and address of a relative or friend in the US who will always know how to contact you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PLEASE PROVIDE A PERMANENT, NON-HAMILTON EMAIL ADDRESS:

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Student's Acknowledgement of Understanding:

I understand that I am requesting the College's recommendation for Optional Practical Training authorization. The College will advise and assist me by reviewing my application for completeness and eligibility, and issue me the OPT recommendation I20.

I understand that I am completely responsible for properly filing my OPT application with USCIS.

\_\_\_\_\_  
Signature and Today's Date