



POST-COMPLETION OPTIONAL PRACTICAL TRAINING (OPT) I-20 REQUEST FORM

Last Name: _____ **First Name:** _____
(as it appears on passport) (as it appears on passport)

UCLA ID#: _____ **SEVIS ID#:** N _____

Major: _____ **Date of Birth:** _____

Email: _____ **Phone:** _____

Country of Citizenship: _____ **Expected Degree Completion Term:** _____

Degree Objective: Bachelors Master's Doctorate

REQUESTED OPT AUTHORIZATION DATES

Please consider USCIS' current [processing times](#) when choosing your requested OPT authorization start date

Start Date: _____ **End Date:** _____
Month Day Year Month Day Year

** Requested OPT start and end dates cannot be changed once your OPT application has been submitted to USCIS.*

OPT I-20 Request Checklist (submit via email to dcissf1unit@saonet.ucla.edu)

- \$40 Online [OPT Administrative Processing Fee](#) Payment Receipt** (copy of email payment confirmation)
- Update your email address in [MyUCLA](#)** (make sure that you will have access to this email address after graduation - it will be listed in your F-1 SEVIS record and used to create your SEVP Portal account)
- Post-Completion Optional Practical Training (OPT) I-20 Request Form**
- [Verification of Degree Completion Form](#)**
- [F-1 Document Shipping Request Form](#)** (only required if you would like a paper-format OPT I-20 shipped to your address)

FOR DCISS USE ONLY	INIT: _____ DATE: _____
	<input type="checkbox"/> Restriction Holds <input type="checkbox"/> Current Enrollment <input type="checkbox"/> Past Enrollment <input type="checkbox"/> OPT Admin Fee