Optional Practical Training (OPT) Application Form
Middlebury College • International Student and Scholar Services

Name ____________________________ Midd ID# ________ Graduation Date _________
Phone number ______________________ Date of Birth (MM/DD/YYYY) ________________
Email address ______________________

Have you been in lawful F-1 status for a minimum of one full academic year: ____________

List all dates of previously authorized employment for practical training (CPT & OPT) if applicable:

<table>
<thead>
<tr>
<th>A. Curricular Practical Training (CPT)</th>
<th>B. Optional Practical Training (OPT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OPT start date requested: ____________________________

OPT end date requested: ____________________________

Full-time or part-time? ____________________________ (Post-completion OPT must be at least 20 hours/week.)

Place of employment (if known) ____________________________

Major #1 ____________________________________________ Major #2 ______________________________

U.S. Address to which ISSS should mail your OPT documents if you have left campus when they arrive (if known):

Name of person at address (if you are staying at someone else’s residence): ____________________________

Street address: ________________________________________________________________________________

City, State & Postal Code: ________________________________________________________________

I grant permission to International Student and Scholar Services (ISSS) to open and copy documents received from USCIS before forwarding them to me. I agree that I will provide a $15 payment to ISSS for the UPS express mailing if my documents need to be mailed to me in the U.S. I understand that if I do not provide ISSS with a U.S. address to forward my approved OPT documents to within three months of my OPT start date, ISSS will complete my SEVIS record, and I will no longer be eligible to work in the U.S. using my OPT authorization. I am aware that it is my responsibility to report any changes in employment, name or address to ISSS within 10 days of these changes occurring. Failure to do so could result in the termination of my SEVIS record. Accruing an aggregate of 90 days of unemployment will result in the termination of my SEVIS record.

Signature: ____________________________________________

Last Updated 01/17/2018 JT

(For office use only)

Date received in ISSS Office: ________ Processed: ________

BANNER: Major(s)/Minor(s)__________ Curr. Enr./9 mos. in status__________ SR Req’s met ____________

Picked up ____________ (student signs I-20; make 1 copy of I-20 for Student’s OPT Application to USCIS; scan for records)
This page was intentionally left blank so that the “Letter regarding your mailing address” document prints on its own page.
U.S. Citizenship and Immigration Services (USCIS)
Attn: AOS 2501 S. State Hwy. 121 Business
Suite 400
Lewisville, TX 75067

RE: Form I-765 Application for Employment Authorization Mailing Address

To Whom It May Concern:

As an F-1 student, I am submitting a Form I-765 Application for Employment Authorization for Optional Practical Training (OPT). Please note that I attend Middlebury College, which is a residential college and requires students to live on campus.

My on-campus address is a Middlebury College Box (MC Box ______).

I may not have access to my MC Box when you process my application. Therefore, to ensure the safety of my Employment Authorization Card and/or any necessary correspondence related to my application, please use the mailing address indicated on my Form I-765 as it will direct all mail to my advisor in the office of International Student and Scholar Services at Middlebury College. That address is also as follows:

______________________________ (Student’s name)
International Student and Scholar Services (ISSS)
84 S. Service Rd.
Middlebury College
Middlebury, VT 05753

Kathy Foley, Middlebury College’s Principle Designated School Official (PDSO), has recommended this as Middlebury’s usual practice for all students.

Thank you for your assistance.

Sincerely,

______________________________________            ____________________________
Student Signature                       Date (MM/DD/YYYY)