

OPT RECOMMENDATION REQUEST FORM

This form provides the Center for Global Health (CGH) with information required to recommend Optional Practical Training (OPT) work authorization and issue a Form I-20 with an OPT recommendation. F-1 students must have a Form I-20 with OPT recommendation in order to apply for OPT employment authorization through the U.S. Citizenship and Immigration Services (USCIS). Please refer to the Center for Global Health's *OPT Guide* for more information on the OPT application process and completing USCIS Form I-765.

Submit this completed form to the Center for Global Health by e-mail **along with the required letter of standing from your academic advisor.**

Last name: _____ First name: _____

Non-MUSC e-mail address: _____

Type of OPT: Pre-completion Post-completion

OPT start date: _____ OPT end date*: _____ Full-time Part-time

**You may request a maximum of one year of OPT.*

Have you previously participated in Curricular Practical Training (CPT) or OPT at your current education level? yes no

If yes, provide information on types of previous practical training (CPT or OPT, full or part time) and dates: _____

While participating in Optional Practical Training, I attest to the following:

1. I will notify this institution at the time I obtain employment.
2. I am not permitted to begin OPT employment until I receive an Employment Authorization Document (i.e., EAD card) from USCIS with a current valid start date of employment authorization.
3. I will only be employed in a position directly related to my course of study upon which my optional practical training is based.
4. I will provide verification of my OPT employment to the Center for Global Health by submitting the following:
 - a. F-1 OPT Employment Verification form (completed by employer)
 - b. Copy of offer of employment letter
5. I will report to this institution via email every 90 days even if there have been no changes to my employment or residential address.
6. I will notify this institution immediately if there are ANY changes in my current employment including but not limited to duties, location, etc.
7. I will notify this institution within 10 days of ANY change in my residential address and/or contact information.
8. **I understand that any contact with this institution must occur via e-mail to fowled@musc.edu or huley@musc.edu.**

Signature

Date