



CALUMS

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CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

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OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

STUDENT ID # _____ SEVIS I-20 ID # _____

STUDENT NAME _____
Last *First* *Middle*

PHONE # _____ E-MAIL (Print Clearly) _____

PROGRAM COMPLETION DATE: _____ DEGREE PROGRAM: _____

REQUESTED OPT START DATE: _____ REQUESTED OPT END DATE: _____

LIST ANY PREVIOUSLY AUTHORIZED CPT/OPT EMPLOYMENT(S)

CPT	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____

I am requesting the following dates for OPT and understand that these dates cannot be changed once the OPT application has been submitted to USCIS.

Approval signature from each professor required for students under last quarter session:

Course: _____	Name of Instructor: _____
Prospective Grade: _____	Instructor's Signature: _____
Course: _____	Name of Instructor: _____
Prospective Grade: _____	Instructor's Signature: _____
Course: _____	Name of Instructor: _____
Prospective Grade: _____	Instructor's Signature: _____

I understand and agree that at any given time my final grades do not meet the minimum academic requirements, the University may cancel/ terminate my OPT application at any time.

Student's Signature _____ **Date** _____

OFFICE USE ONLY

Registrar's Name: _____

Signature _____ **Date** _____

() Student is eligible for OPT application () Student will complete his/her studies at CALUMS on _____

Associate Academic Dean's Name: _____

Signature _____ **Date** _____

() Approved, is in good academic standing and maintained full program of study () Denied, does not meet SAP

Finance Officer's Name: _____

Signature _____ **Date** _____

() Approved, has NO financial obligations () Denied, has financial obligations