



WASHINGTON COLLEGE  
EST. 1782  
GLOBAL EDUCATION OFFICE

**Optional Practical Training – Authorization Form**

**Section A. To be completed by the student.**

SEVIS #: N \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number, Street, Apt. City State ZIP Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
MM DD YYYY

Current I-20 Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

1. Employment start date (must be within 60 days of program completion) : \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

2. Employment end date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

3. Please check one  Full-time (more than 20 hrs/week)  Part-time (20 hrs/week or less)

**Please read each statement, initial and sign.**

\_\_\_\_ I will give a legible copy of my employment authorization to GEO as soon as I receive it.

\_\_\_\_ I understand that any employment I accept while on OPT must be directly related to my field of study.

Within 10 days of any change, I will update the WAC GEO office with the following information:

\_\_\_\_ The date of any loss or end of employment

\_\_\_\_ Any changes in my living address or legal name

\_\_\_\_ The starting date of any changes in employer

\_\_\_\_ Any changes in my employer/employment address

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section B. To be completed by the student's Academic Advisor.**

1. Department/program of study: \_\_\_\_\_

2. Student will have completed all academic requirements for the degree by: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**NOTE: student will lose on-campus work authorization this day.** MM DD YYYY

3. Anticipated student graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

4. Optional Comments: \_\_\_\_\_

5. Academic Advisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Academic Advisor signature** \_\_\_\_\_ **Date** \_\_\_\_\_