



F-1 OPTIONAL PRACTICAL TRAINING (OPT)

Optional Practical Training (OPT) is temporary employment that is directly related to your major field of study. It is intended to provide hands-on practical work experience complimentary to your academic program. If you want to work off-campus as an F-1 student, one way to do so is to be approved for OPT.

OPT Types:

Pre-Completion OPT: Any portion of OPT used before the student's Program End Date. It may be part-time or full-time.

Post-Completion OPT: Any portion of OPT used after the student's Program End Date. It must be full-time.

Twelve months of OPT is available for each higher level of study. (For example a student may have 12 months of OPT for a bachelor's degree and another 12 months of OPT for a master's degree).

The information contained in this document is for general information purposes only. Due to frequent government updates, JSU Global may make additions, deletions, or modifications to the contents on this page at any time without prior notice.

JSU Global

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OPTIONAL PRACTICAL TRAINING (OPT) CONDITIONS:

- F-1 students are eligible for a total of 12 months of OPT per degree program. Those 12 months can be used while earning your degree (Pre-OPT), after earning your degree (Post-OPT), or a combination of both (Pre- and Post-OPT).
- Pre-OPT Students may work up to 20 hours per week during the semester (part-time) and up to 40 hours per week during summer break (full-time).
- Any approved Pre-OPT will be deducted from your available 12 months of Post-OPT time: Pre-Completion OPT that is 20 hours or less per week will be deducted at half the rate.
 - Example: Four (4) months of approved part-time Pre-OPT subtracts two (2) months of available OPT while two (2) months of approved full-time Pre-OPT subtracts two (2) months of available OPT.
- If 12 months of full-time Curricular Practical Training (CPT) have been used, the student will not be eligible for Pre-OPT or Post-OPT.
- Graduate students who have completed all course requirements (including all required thesis or dissertation hours), but will be in a continuous registration course until their defense date, may apply for Pre-OPT and will be authorized to work up to 40 hours per week.
- You are not authorized to work or volunteer until the start date printed on your EAD card, and you have received the card in the mail.
- Please note, if you apply for and are approved for OPT, any time you are approved for (regardless of whether you find a job and are working) deducts from the total 12 months of OPT you have at your current degree level. If you get approved for OPT and don't use it, it still deducts.

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PRE-REQUIREMENTS:

- Be an F-1 student visa holder who has been enrolled **full-time** for at least one full academic year.
 - *****Enrollment in an ESL program is NOT considered as part of the one academic year requirement. *****
- Maintaining a lawful F-1 status
- Intend to obtain employment in a position directly related to your major field of study.
 - *****You do NOT need to have a job offer in order to apply for OPT.*****
- You must be in good academic standing and be making normal progress toward finishing your degree.
- Have not used more than **12 months of OPT** in the past at your current degree level.
- Have not used 12 months or more of fulltime Curricular Practical Training.
- If you are finished with your academic program, you can still apply for OPT as long as the government receives your application **within 60 days** of the date you finished your studies at JSU AND you have not left the US since completing your program.

APPLICATION TIME FRAME:

- The Form I-765 and OPT I-20 must be received by USCIS no sooner than 90 days before the program end date and no later than 60 days after the program end date.
- In addition, the Form I-765 and I-20 in support of post-completion OPT must be received by USCIS **no later than 30 days after the DSO updates SEVIS with the OPT recommendation.**
- Program completion is defined as the day that you complete all requirements for your degree. This is normally the graduation day, but in some cases may be earlier if, for example, a graduate student defends his/her thesis/dissertation early in the semester.

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APPLICATION FOR OPTIONAL PRACTICAL TRAINING (OPT):

JSU Global assist with processing OPT applications and materials; however actual employment authorization is given by U.S. Citizenship and Immigration Services (USCIS). Once all documentation listed below has been gathered, please submit them to JSU Global ISSS office.

OPT APPLICATION PROCEDURE

1. Complete Form I-765(attached)

(Note: Question #27 write (c)(3)(A) for Pre-completion-OPT, (c)(3)(B) for Post-completion-OPT, (c)(3)(C) for 24-month STEM extension)

2. Complete OPT Applicant Contact Sheet (attached)

3. Memo from Academic Department stating student name, degree, major and graduation date(sample attached)

4. Unofficial academic transcript of all course work at Jackson State University

5. The following items are required for the submission of your OPT application to USCIS.

___ Two (2) photographs: On the back of each photo, write full name and I-94 number (sample attached)

___ Passport with biological page and VISA

___ Copy of Social Security Card (if applicable)

___ Print out your I-94 card

___ Make a copy of ALL previously issued I-20s

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Photocopy of Change of Status I-797 receipt if you changed status to F-1 inside U.S. (if applicable)

Photocopy of previous EAD cards (if applicable)

Check or Money Order for \$410 made payable to U.S. Department of Homeland Security

An ISSS advisor will review your application packet and issue two new I-20s with the OPT recommendation (one for your personal record, and one to be signed and mailed with your application).

All application materials with new signed I-20 with OPT recommendation should be mailed to

USCIS Chicago Lockbox

For U.S. Postal Service

USCIS
P.O. Box 805373
Chicago, IL 60680

For FedEx, UPS, and DHL deliveries

USCIS
Attn: I-765 C03
131 South Dearborn 3rd floor
Chicago, IL 60603-5517

Please note, these directions are meant to help you in completing your application but should not be considered legal advice. The US Citizenship and Immigration Services ultimately provides the decision on your OPT application. It is your responsibility, as the OPT applicant, to ensure that your OPT application is accurate and complete before you submit it to the US government. Incomplete applications could result in a delay in processing time or denial. JSU Global in no event shall be held liable for any delay, denial, or mistake on your OPT application.

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OPTIONAL PRACTICAL TRAINING (OPT)
Applicant Contact Sheet
TO BE COMPLETED BY THE STUDENT REQUESTING OPT

Full Name

J Number

SEVIS ID

Phone Number

Complete Mailing Address

Email

- I understand I must find employment within ninety (90 days).
- I understand that SEVIS will automatically terminate my record after ninety days
- I understand that it is my responsibility to update JSU Global ISSS office if any of the above information changes.
- I understand that once approved for OPT I must submit a copy of my Employment Authorization Card to JSU Global for my file.
- I understand that I must report any change of name or address, or interruption of such employment to the DSO for the duration of the authorized training.

Student signature

Date

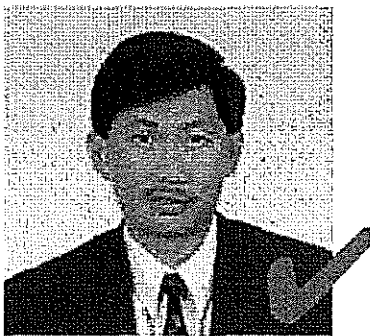


U.S. Citizenship and Immigration Services

USCIS Is Making Photos Simpler



**Old Three-Quarter
Style Photo**



**New Passport
Style Photo**

Photos Must Be In Color

Washington, DC — In accordance with language specified in the Border Security Act of 2003, U.S. Citizenship and Immigration Services (USCIS) today announced a change in the photo requirements for all applicants from a three-quarter face position to a standard, full frontal face position to take effect **August 2, 2004**.

USCIS will accept both three-quarter and full color frontal photographs until **September 1, 2004** after which only full frontal color will be accepted.

The application process of customers who have already submitted materials that include color photos with the three-quarter standard **will not** be affected by this change.

All photos must be of just the person. Where more than one photo is required, all photos of the person must be identical. All photos must meet the specifications for full frontal/passport photos and must not be more than 30 days old when an application is filed.

For more information on photo standards visit the Department of State website at <http://www.travel.state.gov/passport/pptphotos/index.html> or contact the USCIS National Customer Service Center at 1 800 375 5283.

List of forms that require photos is on the back

Sample Memo

To: International Student Advisor
From: Faculty Advisor, Department of Major
Date: ENTER CURRENT DATE
Subject: Graduation International Student/OPT Request

Please accept this memo on behalf of STUDENT NAME (STUDENT J#). STUDENT NAME is expected to complete degree requirements for the DEGREE LEVEL in STUDENT MAJOR no later than EXPECTED GRADUATION DATE.

Should you have further questions regarding this matter, please do not hesitate to contact me at ADVISOR'S PHONE NUMBER.

Thank you,



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block

	<input type="checkbox"/> Authorization/Extension Valid Through		

Alien Registration Number A- <input type="text"/>			
Remarks			

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error in the What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
[]
- 5.b. Street Number and Name []
- 5.c. Apt. Ste. Flr. []
- 5.d. City or Town []
- 5.e. State [] 5.f. ZIP Code []
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name []
- 7.b. Apt. Ste. Flr. []
- 7.c. City or Town []
- 7.d. State [] 7.e. ZIP Code []

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- []
9. USCIS Online Account Number (if any)
▶ []
10. Gender Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No
- NOTE:** If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.
- 13.b. Provide your Social Security number (SSN) (if known).
▶ []

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)
 Yes No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 Yes No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name) []
- 16.b. Given Name (First Name) []

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name) []
- 17.b. Given Name (First Name) []

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

- 18.a. Country []
- 18.b. Country []

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth
[]

19.b. State/Province of Birth
[]

19.c. Country of Birth
[]

20. Date of Birth (mm/dd/yyyy) []

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ []

21.b. Passport Number of Your Most Recently Issued Passport
[]

21.c. Travel Document Number (if any)
[]

21.d. Country That Issued Your Passport or Travel Document
[]

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) []

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) []

23. Place of Your Last Arrival Into the United States
[]

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
[]

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
[]

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N- []

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).
([]) ([]) ([])

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a. - 28.c.

28.a. Degree []

28.b. Employer's Name as Listed in E-Verify
[]

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
[]

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.
▶ []

30. **(c)(8) Eligibility Category** If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you **EVER** been arrested for, and/or charged with, and/or convicted of any crime in any country?
 Yes No

NOTE: If you answered "Yes" to Item Number 30.a., refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.)
 Yes No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry **AND** express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?
 Yes No



Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

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NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8. - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in

,
a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 5.,
,
prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

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7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.
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4.a. Page Number 4.b. Part Number 4.c. Item Number

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5.a. Page Number 5.b. Part Number 5.c. Item Number

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6.a. Page Number 6.b. Part Number 6.c. Item Number

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7.a. Page Number 7.b. Part Number 7.c. Item Number

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