

OPTIONAL PRACTICAL TRAINING Extension FORM

First Name: _____

Last Name: _____

Marist ID#: _____ SEVIS ID#: _____

Address: _____

Phone: _____ E-mail: _____

Major: _____

Graduation Date: _____ *(You must have graduated)*

In one sentence, how does the employment relate to your major field of study?

RESPONSIBILITIES OF THE F-1 STUDENT

- Students are able to monitor their employment authorization, as well as report a change of address or telephone number through the [SEVP Portal](#). To avoid potential denial of future benefits, students must report the following changes to the SEVP Portal within 10 days of the change occurring:
 - o Physical address and/or mailing address.
 - o Legal name.

For change of employment you would need a new I-983 given to the DSO and the bottom of page 5 by your old employer.

- I also understand that I am requesting the DSO's recommendation for Optional Practical Training Employment authorization. Once the school has recommended the OPT, the application will be returned to me for filing it with USCIS. I further understand that I am solely responsible for properly filling my OPT application with USCIS within 60 days of the I-20 being issued and tracking its progress.

(Sign)

(Date)