

## F-1 OPT STUDENT STATUS FORM

### THIS SECTION TO BE COMPLETED BY THE STUDENT:

NAME:	DOB mm/dd/yy:	AU ID#:
OPT Start Date:	OPT End Date:	

**NOTE:** The start date is the earliest possible date up to 60 days after the program end date that students can begin employment. The accumulation of 90 days of unemployment will begin accruing on this date.) ***You MUST stop working on campus upon your completion date, unless you have receive your Employment Authorization Document in-hand with valid start date and employment that is directly related to your course of study.***

- I attest that I have not engaged in unauthorized employment off-campus and that I have been enrolled full-time for at least 1 academic year.
- I acknowledge that I have either participated in or received OPT orientation regarding OPT guidelines, application process, and reporting requirements.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY ACADEMIC ADVISOR/DEPARTMENT/CHAIR:

Student's Major (Field of Study):
Program Level: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Other (Specify)
Expected completion date of degree requirements:

Advisor/Dept. Chair (printed name):	
Department:	Title:
Phone:	E-mail:
Signature:	Date:

OISSP Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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