

OPT ACKNOWLEDGMENT FORM

I (First, Last name) _____, Born on (y) _____,

Verify that my intended program completion date of _____, is the date that I will be done with all the requirements for my degree and is the same date indicated on the letter from my department. I have been informed that if no legal action has been taken by me or on my behalf, I will need to leave the United States within 14 months from this date (after my opt has been granted). I understand that if for any reason I fail to complete my studies by this date I am required to notify IS (International Student & Scholar Services) and I will have to comply with all the necessary steps needed to be taken.

I hereby acknowledge my responsibility to bring my EAD (Employment Authorization Document), as soon as I have received it to the ISSS Office a copy.

I will report my employer name and address to this office and continue to report any changes made to my employer information while in active OPT status.

I acknowledge that I am responsible to notify this office, on immigration form AR-11, of any change of address within 10 days of my move.

I further acknowledge that if I travel out of the United States and I lack any of the following documents, I most likely will be denied reentry to the U.S.

A valid signature on my I-20 (Each signature is only valid for 6 months)

EAD (OPT Card)

A letter confirming an on going employment or verifying a guaranteed employment upon return

Valid F1 visa

Signature _____ Date: _____

Email (not LLU): _____ Phone: _____