

Pre-OPT verification form for Graduate Students

The purpose of this form is to verify certain factors that may impact a student's eligibility to apply for Precompletion Optional Practical Training.

Key eligibility requirements for Pre- OPT, as set forth by federal government regulations and university policies, include the following:

- Student has maintained valid F-1 student status
- Student has studied fulltime in the U.S. for at least 1 academic year (Note: Language training and non-degree program do not count toward one academic year.)
- Student has completed fewer than 365 days of fulltime CPT at the current degree level
- Student has not engaged in 12 months of OPT (Pre or Post) at the current degree level
- Student has registered for on-ground course(s) during the entire period of requested Pre-OPT dates, unless Pre-OPT takes place during the annual vacation period

How do I submit this request?

After getting Part II and III completed by your college, you need to submit the request go to the request for Pre-OPT recommendation I-20 request eform and upload this form along with other required documents.



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Part I: Student Information (To be complete	ed by student)	
Name	Given Nan	ne
Northeastern ID:	Major:	
Pre-OPT Requested dates:t	o (end date of Pre-OPT ca	annot be past the completion date)
_		
Pre OPT will be:	ours/week) Part time (Les	s than 20 hours per week)
Part II: Verification (To be completed by SEV	IS contact in your college)	
1 1	ne academic status during the regular aca rard the successful completion of their pr	_
This student has completed all cou	rse work except for thesis or dissertation	
Will this student have an SGA during the per Please note students on Pre-OPT cannot part		S NO
Program Completion term:		
Semester Based Programs	Quarter Based Programs	
☐ Fall (December 20)	☐ Fall (December 19)	1
☐ Spring (May 8)	☐ Winter (April 3)	Program Completion Year:
☐ Summer I (July 2)	☐ Spring (July 3)	
☐ Summer II & Full Summer (August 2	9) Summer (August 30)]
☐ Other:	(i.e. Law school, thesis/dissertation)	
Part III: Signature		
Dean/SEVIS contact (required for Graduate sthe SEVIS contact):	students and all CPS students if your Aca	demic Advisor is different from
Name (please print):	College:	
Signature of Dean/SEVIS contact:		Date: