Northeastern University
Global Services

Pre-OPT Academic Verification Form

Last updated: 10/20/2026

The purpose of this form is to verify certain factors that may impact a student's eligibility to apply for Pre-completion 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 been enrolled as a full-time F-1 student in the U.S. for at least 1 academic year (Note: Language training and non-degree programs do not count toward one academic year.)
- Student has engaged in fewer than 365 days of full-time CPT at the current degree level
- Student has not engaged in 12 months of OPT (Pre- and/or Post-) at the current degree level
- Student will be expected to register for a full-time, on-ground course load for the academic term during which Pre-OPT is being requested, unless Pre-OPT is going to take place during the annual vacation period

How do I submit this request?

After getting Part II and III of this form completed by the academic department, students need to submit the Pre-OPT recommendation I-20 request e-form and upload this form along with other required documents.

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Part I: Student Information (*to be completed by student*)

Name _____
Surname *Given Name*

Northeastern ID: _____ Major: _____

Pre-OPT Requested dates: _____ to _____ (end date of Pre-OPT cannot be past the completion date)

Pre OPT will be: ☐ Full time (more than 20 hours/week) ☐ Part time (20 or less hours/week)

Part II: Verification (*to be completed by an Authorized Secondary Approver: General Request*)

☐ This student has been enrolled in a full-time course load during each required academic term of their program, has maintained appropriate on-ground presence throughout their program, and has been making normal progress toward completing their course of study.

☐ This student has completed all coursework except for thesis or dissertation.

Please complete the attestation below only if the student is the recipient of a Stipended Graduate Assistantship (SGA)

☐ Students are not eligible to maintain their Stipended Graduate Assistantship (SGA) during a period of Pre-OPT. I confirm that the student will not be receiving their SGA during this period.

Program Completion term:

Semester Based Programs

☐ Fall (December 23)

☐ Spring (May 8)

☐ Summer (August 29)

☐ Other (i.e. thesis/dissertation)

_____

Program Completion Year:

_____

Part III: Signature by Authorized Secondary Approver: General Request

Name (please print): _____ College: _____

Signature of Authorized Secondary Approver _____ Date: _____