

Marietta College



OPT Application Form

FAMILY NAME: _____ FIRST NAME: _____

Date of birth: _____ MC ID: _____ MC EMAIL: _____

Non-MC email: _____ Major: _____ Minor _____

Expected completion date of program (graduation date listed on I-20): _____

*If the date on your I-20 is NOT your expected graduation date then you must complete the I-20 Change Request Form and edit your graduation date)

Requested OPT start date (month/day/year): _____ Requested end date: _____

****OPT start date must be within 60 days of the completion date. You cannot apply prior to 90 days from your program end date****

By signing below, you verify that you understand and agree to adhere to the following Department of Homeland Security requirements while on OPT:

1) You will report to the Office of Education Abroad

- Any change in your address within 10 days of moving EACH time you move
- Discontinuation of OPT and provide a termination letter via email
- Any change in the employer or address of the employer
- Start or end of any employment position or change in full or part-time status

2) Your OPT will end if you

- Accrue more than 90 days of unemployment ANY time during your 364 days of OPT
- Transfer to another school
- Change your education level at Marietta College

You are required to have your I-20 with OPT approval be signed every six months while on OPT. you must incur the cost of mailing your I-20 back to the Office of Education Abroad prior to the six month deadline

I affirm that I understand the above information provided to me on this application form and agree to the conditions set forth.

Print name: _____ Signature: _____ Date: _____

