





## Pre-Completion OPT Information

- x Pre-Completion OPT employment must be directly related to your major area of study
- x Students authorized for part time Pre-Completion OPT must limit work hours to 20 or less hours per week.
- x You may only work after the EAD is received and only within the dates specified in the
- x Pre-Completion OPT authorization for part time will be deducted from your Post Completion 12 month availability at a 50% rate.
  - o For example if you are approved for 2 months of part time pre completion OPT, your Post Completion OPT would be deducted by 1 month.
- x Pre-Completion OPT authorization for full time will be deducted from your Post Completion 12 month availability at 100% rate.
- x You must continue to enroll full time during the Fall and/or Spring semester if you have been approved for part time Pre-Completion OPT.
- x We strongly recommend you report your employment to CIE via email during your Pre-Completion OPT period so we can update your SEVIS record. We will need the following information
  - o Name of Employer
  - o Address of Employer
  - o Start date of employment
  - o How the employment is related to your field of study
  - o End date of employment (if applicable)
- x Any days of authorization you do not use, you will “lose”. These days will still be deducted from your post completion OPT period, however the unemployment will not affect your status.
- x You must file a separate application for Post Completion OPT if you wish to work after graduation.

## Pre-Completion OPT-20 Request Form

STUDENT INFORMATION (THIS SECTION MUST BE COMPLETED BY STUDENT)		
Last Name:	First Name:	
NETID:	Phone:	Personal Email:
Current Address:		
When do you expect to complete all degree requirements? Semester:		Year:
Student's Major:	Degree Level:	Bachelor's      Master's      Doctorate
Requested Pre-Completion OPT Period		
Start Date: ___/___/_____ End date: ___/___/_____		
Hours Requested:	Part Time (20 hours or less per week)	Full Time (more than 20 hours per
Student Signature:	Date:	
ACADEMIC INFORMATION (MUST BE COMPLETED BY YOUR FACULTY/ACADEMIC		
Undergraduate/Bachelor's Students Academic Verification		
Section 1: To be completed by major advisor		
When is student expected to complete all major coursework Semester:		Year:
Advisor's Name:	Advisor's Signature:	Date:
Section 2: GE Verification Please email this form to Sam Tran ( <a href="mailto:sam.tran@csueastbay.edu">sam.tran@csueastbay.edu</a> ) Sam will email us the confirmation.		
Graduate/Master's/Doctorate Student Academic Verification		
Section 1: To be completed by graduate/department advisor		
When is student expected to complete all major coursework: Semester:		Year:
Advisor's Name:	Advisor's Signature:	Date:

## APPLICANT REQUIREMENTS AND RESPONSIBILITIES

Please review the requirements and responsibilities below:

- I cannot start working until I receive the EAD and the start date indicated on my EAD has been met