



STANTON UNIVERSITY

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F-1 Optional Practical Training (OPT) Recommendation Request Form

Name: _____

Date of Birth: _____

Telephone Number: _____

E-mail: _____

(1) I am requesting a recommendation for:

_____ PRE-COMPLETION OPT (before completion of degree requirements)

_____ POST-COMPLETION OPT (Full-time only)

(2) If you have ever been issued an EAD for OPT before, provide the start and end dates on the card(s) you have received, whether full-time or part-time, and the degree level:

(3) I would like to work

from (mm/dd/yy) _____

to (mm/dd/yy) _____

NOTE: Once submitted, requested dates cannot be changed. You cannot redeem OPT time even if you don't work.

For post-completion OPT requests, the start date must be within the 60-day period following completion of the program.

(4) Name and Address of Employer:

Student's Signature _____

Date _____