



Optional Practical Training (OPT) Checklist

For international students who are pursuing an OPT experience

Checklist
<p>The materials that you will need to provide in order to apply for post-graduation Optional Practical Training (OPT) can be found below. Please coordinate with the International Student & Scholar Services Office to successfully complete your application. Each of these items is <u>mandatory</u> in order to apply for OPT.</p>
<p>I-765 FORM: You must complete, to the best of your ability, the USCIS Form I-765 (Application for Employment Authorization) located in this packet and online: uscis.gov/i-765. Instructions for completing this form can be found from USCIS website: uscis.gov/sites/default/files/files/form/i-765instr.pdf</p>
<p>PAYMENT: USCIS requires a payment of \$410 USD for the processing of your Form I-765. You may pay the fee by money order, personal check, or cashier's check. If you pay by check, you must make your check payable to the U.S. Department of Homeland Security.</p>
<p>ACADEMIC ADVISOR RECOMMENDATION: You and your academic advisor must complete the "Academic Advisor's Recommendation for Post-Completion Optional Practical Training (OPT)" form.</p>
<p>PASSPORT: Please bring your passport containing your F-1 student visa.</p>
<p>PHOTOS: You must submit two identical color passport-style photographs of yourself taken recently. Exact specifications for these photos can be found in this packet.</p>
<p>OPT ACKNOWLEDGEMENT FORM: Review and sign the "OPT Acknowledgement Form."</p>
<p>CURRENT AND PREVIOUS I-20s: Be sure to bring your current Form I-20 as well as all previous I-20s issued to you by SUNY Oswego and any previous colleges or universities (if applicable).</p>
<p>HEALTH INSURANCE: Review and submit the "Health Insurance During OPT" form located in this packet. The deadline for submitting this form to the International Student & Scholar Services Office is two weeks prior to your graduation date.</p>
<p>I-94 FORM: Please visit i94.cbp.dhs.gov/i94 and print your most recent I-94 Form.</p>
<p>OPT AUTHORIZATION APPOINTMENT: You must bring all of the completed materials listed above to the International Student & Scholar Service Office at 102 Sheldon Hall so that Optional Practical Training (OPT) may be authorized in your Form I-20 and your OPT application may be sent to USCIS. Please make an appointment for your OPT authorization by contacting iss@oswego.edu.</p>

IMPORTANT: Once you have filed for OPT with the International Student & Scholar Services Office, you can go online to check the status of your application: egov.uscis.gov/casestatus



OPT Acknowledgement Form

All international students who intend to participate in Optional Practical Training (OPT) must abide by all rules associated with this practical training experience in order to maintain their F-1 student visa status. Please read each of the statements listed below carefully. Add your signature and today's date at the end of this form to acknowledge that you understand and agree to abide by all of the rules mentioned below.

I understand that I must complete all of my degree requirements by my intended graduation date in order to apply for OPT and that it is my responsibility to ensure that I graduate on the program end date indicated on my OPT I-20.

I understand that participation in OPT is **not** guaranteed. Therefore, I will take the appropriate steps to make sure that I have a plan for my employment in the event that I need to return to my home country after graduation.

I acknowledge that it generally takes between 3 - 5 months after the date on which my OPT application was filed in order to receive my EAD card, and that I can check the latest I-765 processing times at egov.uscis.gov/processing-times

I understand that there are two conditions in order to begin my OPT employment: 1. I need to have received my Employment Authorization Document (EAD card), and 2. I cannot start working until the start date indicated on my EAD card.

I understand that I cannot work **after** the end date on my EAD card, unless I have a pending STEM extension request or H-1B petition filed with USCIS.

I understand that my OPT employment authorization is only for work that is **directly related to my field of study**. I know that engaging in work that is unrelated to my degree program is considered illegal employment and constitutes a violation of my F-1 status.

I understand that OPT is employment-dependent, and that accruing an aggregate of **90 days of unemployment** during my employment authorization period will result in the termination of my SEVIS record.

I understand that my passport must be valid at the time of OPT authorization, and that it is my responsibility to maintain the validity of my passport throughout the duration of my OPT period.

I understand that I must report all changes of address to the International Student & Scholar Services Office at iss@oswego.edu within **10 days** so that they can update my SEVIS record.

I understand that it is my responsibility to obtain a travel signature (on page 2 of my OPT I-20 in the Travel Endorsement section) from the International Student & Scholar Services Office if I am going to travel outside the United States while I am on OPT. I understand that a travel signature is only valid for **six months** during the OPT authorization period.

I acknowledge that it is my responsibility to maintain health insurance coverage for myself and my dependents while on OPT. I agree to submit the "*Maintaining health insurance while on OPT*" form to the International Student & Scholar Services Office **at least two weeks** prior to my graduation date. I understand that if I do not submit this form then I will no longer receive health insurance through SUNY Oswego after my graduation date.

NOTE: Please review back of page and sign acknowledgement



<p>I understand that it is my responsibility to keep my record employment (including information regarding my current employer as well as employment start and end dates) updated and accurate. I will input and update these details as necessary at: sevp.ice.gov/opt</p>
<p>Concerning OPT and travel, I acknowledge the following:</p>
<p>If I travel while my OPT application is pending and the EAD card is issued prior to my return to the United States, in order to reenter the United States I must have a job, documentation evidencing my employment, and my EAD card.</p>
<p>If I travel before my EAD card is issued, I understand that I may be asked for evidence to show that I am looking for a job upon attempting to reenter the United States.</p>
<p>If I am travelling after my EAD card is issued, I can only reenter the United States to resume employment, meaning that I must already have a job offer and must be able to present documentation of this.</p>
<p>I understand that traveling outside the U.S. before receiving my EAD card and a job is risky. I accept all risks if I travel.</p>

I acknowledge that I have read the statements above and agree to abide by them:

Student's name:

Student's signature:

Date (mm/dd/yyyy):



Health Insurance During OPT

While not government-mandated, it is in your best interest to have health insurance throughout the entirety of your stay in the United States, including during your participation in Optional Practical Training (OPT). If you have any dependents — such as a spouse or child — you have an obligation to them as well to make sure that they have appropriate medical coverage.

It is not mandatory that you remain on the SUNY health insurance plan — currently provided by UnitedHealthcare — after your intended graduation date. However, the International Student & Scholar Services Office **strongly recommends** that you either make arrangements to continue your coverage through UnitedHealthcare OR that you immediately seek out an alternative health insurance plan to ensure adequate coverage.

We therefore ask that you complete this form and submit it to the International Student & Scholar Services Office in 102 Sheldon Hall at least **2 weeks prior to your intended graduation date** to indicate if you will be remaining on the SUNY health insurance plan or if you intend to seek out alternative health insurance coverage.

Please select only **ONE** of the following options listed on this form. Complete **OPTION 1** if you wish to remain on SUNY Oswego's health insurance plan. Complete **OPTION 2** if you intend to discontinue your participation in SUNY Oswego's health insurance plan.

IMPORTANT: If you do not submit this form within 2 weeks of your intended graduation date, then the International Student & Scholar Services Office will assume that you are no longer interested in maintaining health insurance through SUNY Oswego's UnitedHealthcare plan. You and your dependents will **no longer have health insurance** after the date that you graduate from SUNY Oswego.

OPTION 1: PLEASE COMPLETE THIS SECTION IF YOU PLAN TO CONTINUE PARTICIPATING IN SUNY OSWEGO'S UNITEDHEALTHCARE INSURANCE PLAN:

I, _____, intend to graduate from the State University of New York at Oswego (SUNY Oswego) on (MM/DD/YYYY) _____. I confirm that I would like to continue my participation in the SUNY health insurance plan provided by UnitedHealthcare after my graduation and will take the appropriate steps to ensure my continued coverage. I will communicate my intention to remain on this insurance via email to the Office of International Education & Programs' Office Manager, Mrs. Amy Wallace, **no later than 1 week prior** to my graduation date: amy.wallace@oswego.edu. I will pay for that coverage once Amy Wallace provides me with a bill.

Coverage through SUNY Oswego's UnitedHealthcare plan may be purchased for one month, three months, six months, or one year at a time. The current cost of this health insurance coverage for each time period is the following: one month of coverage: \$151.44; three months of coverage: \$454.32; six months of coverage: \$908.64; one year of coverage: \$1,817.28.

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Confirmation of OPTION 1	
Student's signature:	Date (mm/dd/yyyy):

OPTION 2: PLEASE COMPLETE THIS SECTION IF YOU WISH TO DISCONTINUE YOUR PARTICIPATION IN SUNY OSWEGO'S UNITEDHEALTHCARE INSURANCE PLAN:

I, _____, intend to graduate from the State University of New York at Oswego (SUNY Oswego) on (MM/DD/YYYY) _____. I understand that, as I will no longer be a registered student after that date, I am free to waive my participation in the SUNY health insurance plan provided by UnitedHealthcare. I confirm that I wish to discontinue my participation in the SUNY health insurance plan and that I will take immediate steps to continue medical insurance coverage while I am on OPT status in the United States for myself and for my dependents (if applicable). I understand that my coverage through UnitedHealthcare will therefore end immediately after my intended graduation date.

Here is a non-exhaustive list of alternative health insurance companies:

Carrier	Web or email	Telephone
CISI	culturalinsurance.com	1-800-303-8120
The Harbor Group	hginsurance.com	1-800-252-8160
International Student Insurance	isoa.org	1-800-244-1180
MedChoice International	Medchoice.dc@seabury.com	1-800-331-3047

Confirmation of OPTION 2	
Student's signature:	Date (mm/dd/yyyy):

Academic Advisor's Recommendation for Post Completion Optional Practical Training (OPT)

The information on this form is required in compliance with the USCIS regulations (8 CFR 214.2 (f) (10) (ii)).

The F-1 visa holder below has completed all degree regulations and is applying for optional practical training employment directly related to the student's field of study.

Student's Last Name:	First Name:
Email:	Phone Number:
Address Line 1:	
Address Line 2:	City:
State:	Zip code:

This is to certify that the aforementioned student has completed his/her academic program at the end of this semester.

Concentration/Field/Major of Study:

I recommend this student for Optional Practical Training:

(Please print)

Advisor's First Name :	Last Name:
Department:	Email:
Signature:	Date (MM/DD/YYYY):

Photo Requirements

<p><i>You must submit two identical, color, recent passport-style photographs of yourself as part of your OPT application. We suggest that these photos be taken at Kinney Drugs or at Walmart.</i></p> <p><i>Photo requirements are as below:</i></p>
1. The photos must have a white to off-white background
2. The photos must be printed on thin paper with a glossy finish
3. The photos must be unmounted and unretouched
4. The photos must be in color with a full face, frontal view
5. The photos must be sized correctly <ul style="list-style-type: none"> a. 2 by 2 inches (51 * 51 mm) b. Head must be between 1 to 1 3/8 inches (25 to 35 mm) from the bottom of the chin to the top of the head c. Eye must be between 1 1/8 to 1 3/8 inches (28.5 mm to 35mm) from the bottom of photo to the top of your eyes
6. Your head must be bare <p><i>NOTE:</i> <i>However, the Foreign Affairs Manual (FAM) delineates very limited circumstances (medical or religious) when such coverings might be acceptable.</i></p> <ul style="list-style-type: none"> a. If you wear a hat or head covering for religious purposes, submit a signed statement that verifies that the hat or head covering in your photo is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public. b. If you wear a hat or head covering for medical purposes, submit a signed doctor’s statement verifying the hat or head covering in your photo is used daily for medical purposes. c. Your full face must be visible and your hat or head covering cannot obscure your hairline or cast shadows on your face.
7. You cannot wear headphones or wireless hands-free devices

Using a pencil or felt pen, lightly print your name and SEVIS ID on the back of the photo.

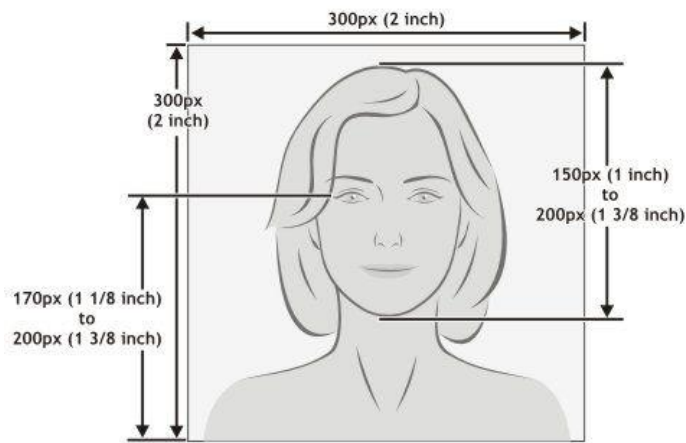


Photo Composition Template