



**The University of Illinois at Springfield  
Office of International Student Services**

**F-1 International Student  
Optional Practical Training Request**

*(Please print clearly)*

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

UIN: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Local Street Address: \_\_\_\_\_

City / State/ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Anticipated completion Date: \_\_\_\_\_ I-20 Program End Date: \_\_\_\_\_

Please ask your department to complete the remainder of this form. Please bring it and all other documents listed on the OPT information page to the Office of International Student Services at the time of your appointment.

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I confirm that the above-named student is completing the major and degree mentioned above at the end of the \_\_\_\_\_ semester. Therefore, I recommend that s/he be extended the privilege of participating in Optional Practical Training in this field as allowed by current immigration regulations.

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*Signed*

*Date*

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*Print name*

*Phone*