Optional Practical Training Application Procedure
Bring the following to your International Student Advisor (ISA)

1. Completed I-765 - use the address below JUST LIKE IT IS WRITTEN:
   # 3. Admissions Office, 3201 Burton SE, Grand Rapids, MI 49546
   #16. (c) (3) (B) for post-completion OPT

2. A Graduation Verification Form to confirm graduation date
3. 2 photos taken ** (Obtained from AV Dept.)

   PASSPORT STYLE - Composition Checklist

- Frame subject with full face, front view, eyes open
- Make sure photo presents full head from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inches (25 mm to 35 mm)
- Center head within frame
- Make sure eye height is between 1-1/8 inches to 1-3/8 inches (28 mm and 35 mm) from bottom of photo
- Photograph subject against a plain white or off-white background
- Position subject and lighting so that there are no distracting shadows on the face or background
- Encourage subject to have a natural expression

4. A check written to "USCIS" for $380.00 (no Canadian checks)
5. I-94
6. Un-expired Passport
7. EAD card (if applicable – only if there was a previous OPT application)
8. Picture I.D. such as driver's license
9. Regulations for OPT, sign, return with application
10. Have you done CPT/Internships ___________ How many? ___________
11. Cell Phone Number ____________________________________________________________________
12. E-mail Address (not Calvin’s) ____________________________________________________________________
13. Start Date - write date you want your year of OPT to start ____________________________________________________________________

B. Our office will send the paperwork by certified mail and receive the receipt and the EAD from the USCIS. You will receive a call or e-mail when EAD card arrives. The same is true if there are any complications with the paper work, we will call to request any necessary information.

C. 1) I agree that my EAD card can be opened by Calvin College to be copied.
2) I understand that OPT restricts me to employment in my field of study and commensurate with my degree level and within the dates printed on the EAD itself.
3) Further, I understand I must notify Calvin College within ten days of changes during post completion OPT, including: change of name, address, change of employer, unemployment of ten days or more, deciding to depart the U.S., return to school full time, change status, or otherwise cease OPT activity.

Signed: ___________________________ Date: __________