Optional Practical Training Application Procedure

Bring the following to the Immigration Coordinator to receive a recommendation for OPT on your I-20

1. Completed I-765
   #5 We do NOT advise this, but you may have your documents shipped to our office if you do not have an address you will remain at for the next 100 days:
   
   **Admissions Office, 3201 Burton SE, Grand Rapids, MI 49546**

   Please understand that your documents **WILL be delayed** if you ship them here. Calvin accepts no responsibility for lost or damaged documents shipped to our office.
   
   #27 (c) (3) (B) for post-completion OPT

2. A Graduation Verification Form to confirm graduation date
3. 2 Passport photos – American Style (visit the AV Department in Hiemenga Hall)
4. A check written to "U.S. Department of Homeland Security" for $410.00 (**must be American check or Money Order**)
5. I-94
6. Un-expired Passport
7. EAD card (if applicable – only if you filed I-765 in the past)
8. Picture I.D. such as driver's license
9. Regulations for OPT, signed,
10. Have you done authorized for CPT? __________ How many times? __________
11. Cell Phone Number ______________________________________________________
12. E-mail Address (not Calvin’s) _____________________________________________
13. **Start Date** - write date you want your OPT to start _______________________

B. If you choose to have your documents mailed to the College, staff will notify you when mail arrives so that you may respond accordingly. You must pay all fees for forwarding documents. Sending your mail to Calvin rather than directly to your address risks the delay or loss of your documents. Under no circumstances whatsoever will you be reimbursed for any lost documents, employment opportunities, or anything else.

C. 1) I agree that my mail may be opened by Calvin College.

2) I understand that OPT restricts me to employment in my field of study commensurate with my degree level and within the dates printed on the EAD itself.

3) 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, deciding to depart the U.S., returning to school full time, change of status, or otherwise ceasing OPT activity.

D. I understand that all advice and assistance provided by Calvin University and its employees is offered only as a courtesy. I agree that Calvin University and its employees are in no way responsible for my OPT application, even in the event of errors or mistaken information.

Signed: _________________________________ Date: __________