

Post-completion OPT Application Procedure

E-mail these completed forms to your DSO to receive an I-20 with OPT recommendation:

1. A Graduation Verification Form to confirm graduation date
2. OPT Regulations Agreement, signed
3. This sheet, complete and signed

Have you been authorized for CPT? _____ How many times? _____

Cell phone number: _____

E-mail address (not Calvin's): _____

OPT start date (may be no more than 60 days after graduation): _____

Once you receive your I-20 with OPT recommendation, send the following by tracked mail to the USCIS Lockbox or apply online. Retain a copy for your own records of everything you send. Print all documents **single-sided** and do **not** staple them

1. Signed I-20 with OPT recommendation (must have recommendation on page 2)
 2. Completed I-765:
#27 (c) (3) (B) for post-completion OPT
 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 U.S. check or Money Order**)
 5. I-94 (accessible here: <https://i94.cbp.dhs.gov/I94/>)
 6. Copy of unexpired passport (only the ID page, not the visa)
 7. Copy of EAD card (if applicable – only if you filed I-765 in the past)
 8. Copy of picture I.D. such as driver's license (if you have one. If you don't it's okay)
 9. Mail your packet to the lockbox: <https://www.uscis.gov/i-765-addresses>
- B. To apply online, set up an account at <https://myaccount.uscis.gov/> You should apply online OR by mail, not both. Gather all of the materials in number 1-9 above before starting an online application.
- C. If you choose to have your documents mailed to the university, staff will notify you when mail arrives. You must pay all fees for forwarding documents. Sending your mail to Calvin risks the **delay or loss of your documents.**
- D. 1) I agree that my mail may be opened by Calvin University and its employees.
 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 University 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 ending OPT.
 4) 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. Under no circumstances whatsoever will I be reimbursed for any lost documents, employment opportunities, or anything else.

Student signature: _____ **Date:** _____