



ST. FRANCIS COLLEGE

THE SMALL COLLEGE OF BIG DREAMS

Optional Practical Training (OPT) Information Sheet

Last name: _____

First name: _____

SFC ID: _____

Email (while on OPT): _____

Degree (B.A., B.S., M.A.): _____

Major (as listed on your I-20): _____

See “Choosing a start date” for guidance to the next three questions.

Program completion date: _____

OPT start date: _____ OPT end date: _____

I have read and understood “What is Optional Practical Training (OPT)?” and “Choosing a start date” and will abide by all legal immigration rules while participating in Optional Practical Training (OPT).

Signature: _____

Date: _____