



OFFICE OF INTERNATIONAL PROGRAMS

UPDATED I-20 AND OPTIONAL PRACTICAL TRAINING REQUEST FORM

SECTION A. TO BE COMPLETED BY STUDENT	
Name as in passport (Surname/Family Name, Given/First Name):	Salve Regina Student ID:
Have you had Practical Training before? Curricular Practical Training? <input type="checkbox"/> Yes* <input type="checkbox"/> No Optional Practical Training? <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, when? _____	Requesting: <input type="checkbox"/> Pre-Completion OPT, part-time <input type="checkbox"/> Pre-Completion OPT, full-time <input type="checkbox"/> Post-Completion OPT, full time only
OPT Dates (mm/dd/yyyy) **Must be completed before meeting with the OIP office** OPT Start: _____ OPT End: _____	
Student Signature:	Date:

SECTION B. VERIFICATION TO BE COMPLETED BY REGISTRAR OFFICE	
Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	Major:
Option 1: Coursework Only Student (e.g. Bachelor's, Master's) Term all degree requirements anticipated to be completed <input type="checkbox"/> Fall 20____(Dec) <input type="checkbox"/> Spring 20____(May) <input type="checkbox"/> Summer 20__(Aug)	
Option 2: Thesis/Dissertation or Equivalent Student (e.g. Ph.D., Master's with thesis or project) Anticipated completion of dissertation, thesis, final project or equivalent <input type="checkbox"/> Fall 20____(Dec) <input type="checkbox"/> Spring 20____(May) <input type="checkbox"/> Summer 20__(Aug) When did (or will) student complete all required coursework, excluding thesis/dissertation/equivalent? <input type="checkbox"/> Fall 20____(Dec) <input type="checkbox"/> Spring 20____(May) <input type="checkbox"/> Summer 20__(Aug)	
Registrar Signature:	Date:
Name (printed):	Department:
Phone:	Email: