

F-1 Optional Practical Training Information Packet

F-1 Optional Practical Training

GENERAL INFORMATION

Optional Practical Training for F-1 students is intended to provide hands-on work experience complementary to the academic program. An F-1 student is eligible for a one-time, **maximum of 12 months** of this type of training.

While on Optional Practical Training, individuals are still considered to be F-1 students sponsored by the Health Center ***even though they may be working elsewhere in the United States.***

F-1 students who participated in *Curricular Practical Training* (i.e. internship as part of their Curriculum) for one year or more are ineligible for Optional Practical Training.

An F-1 student who has used 12 months of OPT is eligible for another 12 months ONLY after changing to a ***higher educational level.***

Procedures:

1. Prior to applying for an OPT, students should discuss program completion date with your academic advisor and the Graduate Office before you contact International Office in HR.
2. Students can apply within 90 days prior to the expected completion of their program.
3. Academic adviser prepares recommendation letter stating the expected completion date and that the proposed employment is related to the student's major area of study (*****see attached Faculty Recommendation Sample Letter**).
4. Student should complete Immigration Form I-538 (form enclosed) and I-765 (**please see links to website to verify that the most updated form is used and the address is correct**) and prepare **supporting documents** (Refer to the list in **last page of the handout** – “**Sample Cover Letter to Immigration**”). These forms should be mailed to the International Office at UConn Health for review.

Please note: Please refer to USCIS website for the most recent version of the form I-765 and processing fee:

(<http://www.uscis.gov/portal/site/uscis>)

5. Once the OPT is reviewed and authorized by our International Office, an amended I-20 will be issued showing the new program end date and OPT start/end date.
6. The International Office will set up an appointment with the student to go over OPT regulations/compliance requirements. Student should bring the original I-20, ID, passport and original I-94 for this meeting.

7. Student will be provided a packet by the International Office. All documents should be sent by **overnight mail with receipt requested or express.**

I-765 – Refer to the link for mailing instructions: <https://www.uscis.gov/i-765>

***** Please make sure to include a cover letter. A Sample Cover Letter is included in the handout. The International Office will also provide copies of all the documents to the student.**

NOTE:

8. USCIS will issue an Employment Authorization Document/Card (EAD card), form I-688B (approval notice). Normal processing time ranges from six to eight weeks or sometime longer.
9. **SEVIS regulations require that you are employed in your field of study within 90 days from the start of your OPT. Information regarding your employer and employment has to be updated in SEVIS within the 90 days. You are required to provide us with:**
- Copy of your offer letter with **name and address of the employer**
 - **Name, title, Tel # and email address information** of your **supervisor** (SEVIS required fields for OPT)
 - During OPT period, you are also required to report a change in residence address to the International Office at UConn Health and also USCIS (please mail Immigration form AR-11 for USCIS or change online: <https://www.uscis.gov/ar-11>) within 10 days
10. Authorization to engage in practical training employment is **automatically terminated** when the student **transfers to another school** or begins study at another educational level.
11. **Travel** during OPT: You will require the following items:
- I-20 with OPT approval
 - EAD card
 - Valid visa stamp in your passport
 - Offer letter from the employer

**Sample Recommendation
Letter for OPT by Faculty
Advisor/Department
Chairperson on Department
Letterhead**

Faculty Optional Practical Training Recommendation Letter

(To be completed on Department Letterhead)

To: Office of International Programs, Department of Human Resources

From: Advisor or Program Chairperson's Name and Title

Date: ____/____/____

Subject: F-1/Optional Practical Training Recommendation

This letter serves to confirm that _____ is currently a student in the Department of _____ at The University of Connecticut Health Center specializing/majoring in the field of _____. The practical training sought by this student is directly related to his/her field of study and commensurate with his/her educational level and recommended by this department.

This student (use one of the following):

____ will be on Practical Training while school is in session. **Work will not exceed 20 hours per week.**

____ has completed all course requirements, excluding the thesis or dissertation.

____ has completed, or is expected to complete the course of study on ____/____/____.

*For a **Pre-Completion Practical Training** recommendation include the following in your recommendation letter:*

The Student will be employed by _____ (list employer name and location).

Signature _____ Date _____

Form I-538

Certification by Designated School

SECTION A. This section must be completed by the student, as appropriate. (Please print or type):

1. Name: (Family in CAPS) (First) (Middle)			2. Date of birth:
3. Student admission number:		4. Date first granted F-1 or M-1 status:	
5. Level of education being sought:		6. Student's major field of study:	
7. Describe the proposed employment for practical training:			

Beginning date: _____ Ending date: _____ Number of hours per week: _____

8. List all periods of previously authorized employment for practical training:

A. Curricular or work/study:	B. Post completion of studies

Signature of student: _____ Date: _____

SECTION B. This section must be completed by the designated school official (DSO) of the school the student is attending or was last authorized to attend:**9. I hereby certify that:**

The student named above:

- ☐ Is taking a full course of study at this school, and the expected date of completion is: _____
- ☐ Is taking less than a full course of study at this school because: _____
- ☐ Completed the course of study at this school on (date): _____
- ☐ Did not complete the course of study. Terminated attendance on (date): _____

Check one:

- ☐ A. The employment is for practical training in the student's field of study. The student has been in the educational program for at least nine (9) months, is in good academic standing, and is eligible for the requested practical training in accordance with INS regulations at 8 CFR 214.2(f)(10). The training that the student will participate in is an integral part of an established curriculum.
- ☐ B. The employment is for an internship with a recognized international organization and is within the scope of the organization's sponsorship. The student is in good academic standing.

10. Name and title of DSO:	Signature:	Date:
11. Name of school:	School file number:	Telephone Number:

For Official Use Only

Microfilm Index Number:

(See instructions on reverse)

A student seeking authorization for off-campus employment (F-1 only) or practical training (F-1 and M-1) must submit as supporting documentation to Form I-765, Application for Employment Authorization, a certification by the designated school official (DSO) of the school the student is attending or was last authorized to attend.

Certification by the DSO is required of all students (F-1 and M-1) seeking authorization for employment off campus or practical training, including required or optional curricular practical training.

The DSO must certify on Form I-538 that the proposed employment is directly related to the student's field of study.

Where to Submit Certification.

A copy of the DSO's certification must be mailed to: ACS Students/Schools (STSC) Section, P.O. Box 170, London, KY 40741. Overnight carrier deliveries must be sent to: ACS - INS, INS Students/Schools (STSC) Section, 1084 South Laurel Road, London, KY 40744.

All students requesting school certification must complete questions 1 through 6. Students requesting a recommendation for practical training must complete questions 7 and 8. Answers to questions 7 through 9 may be continued on this page, if needed.

Since the I-538 is used by the DSO for certification purposes, no fee is required for the submission of this form.

NOTE: M-1 students seeking extensions of stay must file a completed Form I-539, Application to Extend/Change Nonimmigrant Status, supported by a current Form I-20M-N, as appropriate. The I-539 application must be submitted to the INS service center that has jurisdiction over the student's residence.

Reporting Burden.

An agency may not conduct or sponsor an information collection and a person is not required to respond to an information collection unless it contains a currently valid OMB control number. The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Justice, Immigration and Naturalization Service, HQPDI, 425 I Street N.W., Room 4034, Washington, DC 20536; OMB No. 1115-0060.

DO NOT MAIL YOUR COMPLETED CERTIFICATION TO THIS ADDRESS.

[illegible]

Form I-765

**(for most updated version and
mailing address, please visit):**

<https://www.uscis.gov/forms>

Sample Cover Letter

F-1 OPT SAMPLE COVER LETTER TO IMMIGRATION

Date:

USCIS

(for appropriate mailing address, please refer to Form I-765 Instructions)

Re: **Request for Optional Practical Training**

Dear Staff:

Enclosed please find the following materials in the following order to process my **Optional Practical Training**.

1. **G-1145**, E-Notification of Application/Petition Acceptance **(Optional)**
2. Two photos. *print your name in pencil on the back*
3. Processing fee made payable to the **Department of Homeland Security**
4. Original Form **I-765 (Application for Employment Authorization)**
5. Form **I-538 (Certification by Designated School)**
6. Copy of SEVIS I-20
7. Copy of previously held I-20's
8. Copy of the I-94 front and back
9. Copy of the passport visa page
10. Copy of the passport picture page and expiration date
11. A prepaid overnight U.S. mail envelope for mailing my EAD card to me

I can be reached at **TEL #** if you have any further questions.

Sincerely yours,

**G-1145 (E-Notification of
Application/Petition Acceptance)**



e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System](#) and [DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)