

OFFICE OF  
**International Education**

**Please Return To OIE:**  
Office of International Education  
Marquette University  
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**REQUEST FOR OPTIONAL PRACTICAL TRAINING (OPT)**

F-1 students who have completed one full academic year (two semesters) of full-time study are eligible for OPT. F-1 regulations allow students with valid status to engage in work that is directly related to a student's major area of study while they are a student as well after they have completed their program of study. All F-1 students are eligible for a total of 12 months of OPT during each degree level. A job is not needed to apply for OPT and employment can be paid or unpaid. F-1 students may work as a volunteer or unpaid intern when this activity does not violate any labor laws.

**SECTION 1: To be completed by the student:**

Your name (Last/Family, First) \_\_\_\_\_ MUID \_\_\_\_\_

Non-Marquette e-mail (if available) \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Degree level \_\_\_\_\_ Your Major \_\_\_\_\_

I am applying for OPT to be:  Part-time (20 hours/week or less)  Full-time

Requested OPT beginning date \_\_\_\_\_ OPT Ending date \_\_\_\_\_

Describe the proposed employment for practical training (such as the job title(s) and the industry or field in which you are seeking employment):

\_\_\_\_\_  
\_\_\_\_\_

List all periods of previously authorized Optional Practical Training:

\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide this form to your academic advisor to complete. Please bring this form and the other necessary materials for your practical training application to your OPT appointment with your OIE advisor.

**SECTION 2: To be completed by Academic/Thesis Advisor in student's college or department:**

"I certify that the above named student has discussed their employment plans with me for OPT and that their intended work is both directly related to their field of study and commensurate with their level of education. I recommend the proposed practical training as a valuable extension of the educational development for the student.

**This student is expected to complete all degree requirements and graduate in (month and year)** \_\_\_\_\_

If the student is participating in summer OPT I understand the student must return to full-time studies in the fall semester. If the student is participating in part-time OPT during the semester, I understand that the student must be enrolled as a full-time student in their academic program while engaging in this part-time practical training."

Academic/Thesis Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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Please contact an OIE advisor at 414-288-7289 or via email if you have any questions about this form or the OPT process.