MERCER UNIVERSITY OPT APPLICATION

STUDENT INFORMATION

Name: _____________________________  Mercer ID: ________________________________
Mercer Email: _________________________  Personal Email: ___________________________
Cell Phone: __________________________  Major: _________________________________
I-20 Expiration Date: ___________________  Passport Expiration Date: ____________________
Have you been authorized for full-time CPT before?  ___No  ___Yes
Have you been authorized for OPT before?  ___No  ___Yes
  • If yes, what were the dates on the EAD Card:  Start ________End___________
  • If yes, on which degree level was it based? _____________________________

OPT START DATE: I want my OPT to start on (MM/DD/YYYY): _______________________________

I certify the above information is true and I understand the requirements for maintaining F-1 status
during the period of OPT authorization:  Signature ___________________________Date ____________

DEPARTMENT AUTHORIZATION
(To be completed by Academic Advisor, Dean, or Chair)

To apply for OPT, an F-1 international student must be within 90 days of program completion. For
immigration purposes, program completion is defined as the last day finals of the
session/semester the student will complete his or her final degree requirement(s). For
thesis/dissertation students, a student’s program completion date may either be the tentative
defense date, or the last day of finals of the final session/semester. Please complete the
information below regarding the student’s program completion.

Student’s expected program completion date: _____________________ (MM/DD/YYYY).

I verify that __________________________will complete his or her degree program by the date
listed above pending the successful completion of all necessary degree requirements.

Name: _______________________________  Signature: ________________________________