**MERCER UNIVERSITY OPT APPLICATION**

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Name: _____________________________</th>
<th>Mercer ID: _____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer Email: _____________________</td>
<td>Personal Email: __________________________</td>
</tr>
<tr>
<td>Cell Phone: ________________________</td>
<td>Major: _________________________________</td>
</tr>
<tr>
<td>I-20 Expiration Date: ______________</td>
<td>Passport Expiration Date: ________________</td>
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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:_______________________