



Optional Practical Training (OPT) Request Form

Last/Family Name: _____ First/Given Name: _____

Butler ID: _____

Anticipated Graduation Date: _____

Major: _____

Requested OPT Dates (Start date must be within 60 days of your program completion date)

Start: _____ End: _____

Have you ever been approved for OPT before (at Butler Community College or any previous school)?

Yes No

If Yes, select all levels of study when you have been previously authorized for OPT

Associate's Bachelor's Master's Doctorate

Have you ever been approved for CPT before (at Butler Community College or any previous school)?

Yes No

Please describe your proposed practical training employment and how it relates to your field of study.

Student Signature _____ Date _____

International Advisor Checklist: Internal Use Only

Degree Check Complete I-20 With OPT Recommendation Issued Note in SPACMNT

Advisor Signature _____ Date _____