

**TO BE COMPLETED BY STUDENT**

Student name: \_\_\_\_\_ MU ID: \_\_\_\_\_

Degree level: \_\_\_\_\_ Major: \_\_\_\_\_

Requested OPT dates: \_\_\_\_\_ to begin: \_\_\_\_\_  
mm/dd/yyyy

Graduate students: If your requested OPT start date is prior to your anticipated graduation date, your I-20 end date will be shortened to the day before your requested OPT start date.

to end: \_\_\_\_\_  
mm/dd/yyyy

If applicable, what date will your on-campus job or assistantship end? \_\_\_\_\_

Please note that your I-20 end date will be shortened based on the completion information listed below. All on-campus employment must end by the date noted on your new OPT I-20.

Additional comments (optional):

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**TO BE COMPLETED BY ACADEMIC ADVISER**

What are the specific degree requirements remaining for the student (e.g., coursework, defense, etc.)?

Anticipated defense date: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Academic adviser signature: \_\_\_\_\_

Adviser name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_