

**OPT COVER PAGE**

YOUR NAME:

NON-TUFTS EMAIL:

U.S. ADDRESS:

TELEPHONE:

**IN ORDER TO ENSURE YOU HAVE PROVIDED US WITH ALL THE NECESSARY DOCUMENTATION, PLEASE CHECK OFF THAT YOU HAVE SUBMITTED THE FOLLOWING DOCUMENTS:**

 Completed OPT QuestionnaireDid you sign your form?  Yes  NoDid you include your start and end dates?  Yes  No (Please remember to do so!) COMPLETED FORM I-765Did you sign your form in blue ink?  Yes  No

\*USCIS will lift the signature from your I-765 for your EAD card; please sign above the line, and not on it.

 COPY of Original I-94 card Guidelines for Academic Advisors (Graduate Students Only) Employment Offer Letter (If Applicable)Have you applied for Optional Practical Training before?  Yes  NoIf yes, have you included a copy of the front and back of your previous EAD card?  Yes  NoHave you attended an Optional Practical Training (OPT) Workshop?  Yes  NoHave you read the OPT informational material on our website?  Yes  NoTo the best of your knowledge, do you possess ALL I-20s that have ever been issued to you?  Yes  No

\*If no, please list below the issue dates (found on page one by advisor signature) of each Tufts I-20 you possess:

**FOR GRADUATE STUDENTS:** Submitted Degree Sheet to Office of Graduate Studies**FOR UNDERGRADUATE STUDENTS:** Submitted Degree Sheet to Dowling Hall Name cleared to appear on Graduation List.**Travel Information:**Will you travel outside of the U.S., between now and the time your EAD arrives?  Yes  No.

If yes, traveling to? \_\_\_\_\_ When? \_\_\_\_\_ When will you return? \_\_\_\_\_

**PLEASE CONFIRM THE FOLLOWING:**

1. I understand that I cannot submit my OPT application from outside the U.S.
2. I understand that I must file my application with USCIS before departing the U.S.
3. I understand that departing the U.S. after my I-20 end date and before filing for OPT will cancel my grace period and result in the loss of my OPT. Please initial \_\_\_\_\_

I understand that I am not permitted to continue my Tufts on-campus employment beyond my completion date.

Please initial \_\_\_\_\_

I understand that I am not permitted to start my off-campus employment until I have received the EAD card and until the effective date listed on the EAD card. Please initial \_\_\_\_\_