

HARVARD
INTERNATIONAL OFFICE



HIO OPTIONAL PRACTICAL TRAINING (OPT) DATE VERIFICATION FORM

Please enter your surname and given name as they appear on your Form I-20.

Surname: _____ Given Name: _____

Residential Street Address: _____ Apt. #: _____

City: _____ State: _____ Postal (ZIP) Code: _____

Telephone Number: _____

Primary E-mail Address (the one you will use after graduation): _____

SEVIS # (Listed on the top left corner of your Form I-20): N _____

I-20 Completion Date (program end date under Program of Study on your Form I-20): _____

Current Major or Field of Study (if different than listed on Form I-20): _____

Requested dates of OPT: ____/____/____ until ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy) **Check one:**
 Part-Time Pre-Completion OPT
 Full-Time Pre-Completion OPT
 Full-Time Post-completion OPT

By signing this form, I acknowledge that I must only engage in employment in the major field of study for the degree on which this OPT application is based. I understand that I will be in violation of my immigration status if I do not adhere to all OPT regulations. I also will report to the HIO the following required information:

- Start of employment within 10 days of the employment start date;
- End of employment within 10 days of the employment end date;
- Any changes of employers;
- Any changes of my address (where I physically reside) within 10 days of a change;
- Any changes of my or my dependent's name(s); and/or
- Any change of my immigration status (e.g., F to H or J, etc.).

I will thoroughly review all OPT instructions provided to me by the HIO and will review HIO e-mails so that I remain informed about my OPT and how to properly maintain my F-1 status during the OPT period. Failure to comply with the OPT rules and reporting requirements may constitute a status violation; such violations may have negative consequences for my current immigration status, or result in delays and denials of future immigration benefits. Please contact your HIO Advisor with any questions.

Signature _____

Date _____

For HIO office use only:
Pre-completion: _____ Post-completion: _____ End date ____/____/____
Do not change start date
Processed RTI: HIO Advisor Initials

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HIO Checklist for OPT Application

Student Name:

All OPT applications *must* include (in the following order):

- A completed HIO [OPT Date Verification Form](#);
- A completed [Form I-765](#);
- A photocopy of all pages of all Forms I-20 issued to you, from all schools you have attended*;
- A photocopy of the U.S. visa stamp in your passport (not applicable to Canadian citizens);
- A photocopy of the biographical page(s) of your passport;
- A printout of your most [recent I-94](#).

If any of the below scenarios apply to you, you *must* also include the following:

- Post-Completion OPT (OPT starts after graduation date):** A personal check or money order of \$150 made payable to Harvard University.**
- GSAS and HSPH ScD/DrPH Students:** A letter from your department or dissertation advisor confirming your defense date and diploma award dates.
- If you have ever changed your status from within the U.S.:** A photocopy of the USCIS approval notice(s) from any change(s) of status.
- If you have ever previously received an Employment Authorization Document (EAD):** A photocopy of previous EAD card(s).

NOTE: All application materials must be single-sided and unstapled.

***Photocopy(s) of Forms I-20:** If you are unable to locate all previously issued Form I-20 documents, please include a [dated and signed letter](#) to USCIS indicating the dates of attendance; types of programs; names of institutions; and SEVIS ID numbers affiliated with each. You must explain to USCIS that you do not have all previous Form I-20s in your possession and that you are submitting the information you have available.

****Post-Completion OPT Payment:** This is a one-time non-refundable fee to maintain your SEVIS records after you are no longer a fee-paying student. You also maintain full access to your HIO advising and resources. This fee is wholly separate from the USCIS application filing fee.

For HIO Office use only:	
Date Stamp:	Advisor Initials: