

OPT Request Information Form

Name: _____

Date of Birth: _____ I-94 No. _____
Month Day Year

Date first granted F-1 status: _____ (Date of first entry stamp in F1 status)
Month Day Year

Major Field of Study: _____ Major Code: _____

Requested OPT Start Date: _____ OPT End Date: _____

List all CPT approved during the current degree at UW and circle full or part time:

Start	<input type="text"/>	End	<input type="text"/>	Part time or Full time
Start	<input type="text"/>	End	<input type="text"/>	Part time or Full time
Start	<input type="text"/>	End	<input type="text"/>	Part time or Full time
Start	<input type="text"/>	End	<input type="text"/>	Part time or Full time

Signature of student _____ Date _____

To be completed by Designated School Official (DSO):

___ Is taking a full course of study at this school with expected date of completion of _____

___ Is taking less than a full course of study in last semester ending on _____

___ Completed the course of study at this school on or before _____

DSO Name and title: _____ - Coordinator, Student/Scholar Immigration

DSO Signature

Date

University of Wyoming

DEN214F00241000

307-766-5193