

OPT I-20 Request Form

Family/Last Name:	Given/First Name:
Student ID Number:	Non-Drexel Email:
Phone Number:	Select one: <input type="radio"/> Pre-Completion OPT <input type="radio"/> Post-Completion OPT
Requested OPT Start Date:	Requested OPT End Date:
How would you like to receive your OPT I-20? <input type="radio"/> Email the I-20 to me <input type="radio"/> Printed – I will pick up from ISSS Office	Your most recent physical address: Address Line 1: _____ Address Line 2: _____ City/State/Zip/Country: _____

Please *carefully* read and check the following statements acknowledging your understanding:

I am responsible for submitting my OPT application to the United States Citizenship and Immigration Services (USCIS).

I understand that **USCIS must receive my application within 30 days of the date that my OPT I-20 is created** by ISSS.

I understand that once ISSS enters my request into SEVIS and prints my OPT I-20, **if any information is incorrect or should be changed, I must reach out to ISSS before submitting my OPT application to USCIS.**

I am responsible for the **accuracy of the forms and documents** in my OPT application.

I am responsible for **keeping a copy of all documents** related to this OPT application.

I understand that the **outcome of this petition is determined by USCIS**, and that ISSS has no influence over their decision or the time it takes USCIS to process the application.

I understand that ISSS is not responsible for any **items lost in the mail or by courier**. If my EAD card is lost in the mail, I will follow the guidance provided on the ISSS website and request a new I-20 from ISSS if warranted by my situation.

I will **update ISSS of any changes in address, contact information, or immigration status** within 10 days of the change by emailing the new information to ISSS.

I will **report new employment, termination of employment, or changes to employment** within 10 days of the change by completing an [OPT Employment Update Form](#) and emailing it to ISSS.

I understand that I have a **60-day grace period after my OPT authorization expires**, but I **do not have a 60-day grace period if I run out of unemployment days**. [Read more about the post-completion grace period.](#)

I understand that I **am still in F-1 status** sponsored by Drexel University, and my F-1 status ends at the end of my 60-day grace period following my last day of OPT authorization or when I run out of unemployment days (whichever comes first).

I understand that I **can only be unemployed for an aggregate 90 days** after the start date listed on my OPT EAD card.

I understand that I **must depart the US or take some other action to remain legally in the US** before my F-1 status ends.

I understand that if I choose to begin a new program of study at Drexel or another institution, **my OPT authorization will end on the date of the transfer or change of education level** in my SEVIS record.

Student's Signature: _____	Today's Date: _____
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