F-1 Optional Practical Training Information Sheet

FAMILY NAME:_____First:_____Middle:_____

Date of Birth:_____ Student ID #:_____
MM/DD/YY

Major:_____ Expected completion date:_____

Degree:_____

Do you intend to travel before you begin employment on OPT? Yes___ No___

If yes, what are your intended travel dates? Leave US_____ Return to US_____

Local Address:

_____
Number and Street (Apt #)

_____
City, State and Zip Code

Non-IUPUI email address:

_____

Address in Home Country:

_____
Number and Street (Apt #)

_____
City, Province

_____
Country

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