Alcorn State University
Office of Admissions
Application for Optional Practical Training

TO BE COMPLETED BY STUDENT (Form must be typed)

Personal Information

Last Name: _____ First Name: _____

Student ID#: _____ Telephone No.: _____

Address: _____ City/State/Zip: _____

Email Address: _____

Authorization Information

Type of OPT: ☐ Pre-Completion ☐ Post-Completion

Requested OPT Start Date: _____ End Date: _____
(mm/day/year)   (mm/day/year)

I have received an offer letter of employment for dates listed below. OPT authorization is for this employer listed below only. (OPTIONAL)

Proposed Employment: _____

Name of OPT Employment/Supervisor: _____

Address of Potential Employer/Supervisor: _____

Have you received OPT before: ☐ Yes ☐ No

If your answer is yes, list date(s): _____

Academic Information and Approvals

Program of Study: _____

Expected Completion Date:
☐ Fall 20_____
☐ Spring 20_____
☐ Summer I 20_____
☐ Summer II 20_____

Academic Department: _____

Advisor's Signature: _____ Date _____

Student's Signature: _____ Date _____

Signature of DSO: _____ Date _____

☐ Approved ☐ Denied