



# Alcorn State University Office of Graduate Studies 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