



Mid Florida Technological Institute

F-1 Student Optional Practical Training Request and Recommendation

Complete this form and submit to your International Student Advisor or the Designated School Official, along with the appropriate supporting documentation, for review and approval in order for a Form I-20 recommending Optional Practical Training to be issued.

A. Student Information

Student Last / Family Name (printed)

Student First Name (printed)

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Student SEVIS ID Number

Student MFTI ID Number

Program Completion Date

U.S. Address

City / State / ZIP Code

U.S. Telephone Number

Email

B. International Student Advisor Review

If you have not yet completed or within the next 90 days will not complete at least 2 full semesters of full-time study at the Mid Florida Technological Institute while maintaining a valid non-immigrant visa status, you must provide proof of your prior full-time enrollment at a different SEVIS approved institution while maintaining a valid non-immigrant status to the Registrar for review.

The total time spent studying at a full-time enrollment while maintaining a valid non-immigrant visa status at all institutions must equate to at least one full academic year of study at the Mid Florida Technological Institute.

I hereby certify that the combined amount of time of the student's full-time enrollment at his/her previous institution(s) and the amount of time of the student's full-time study at the Mid Florida Technological Institute equate to no less than 90 days less than a full academic year of study at the Mid Florida Technological Institute.

International Student Advisor Name (printed)

International Student Advisor Signature

Date

C. Optional Practical Training Authorization Dates Requested

Provide a requested date of when you would like your Optional Practical Training authorization to begin. The date cannot be before you have completed at least two full semesters of full-time study while maintaining a valid non-immigrant visa status. The requested end date cannot be more than 12 months after the requested begin date of employment authorization or for any date after the program end date listed on your Form I-20.

Requested Employment Authorization Begin Date: _____

Requested Employment Authorization End Date: _____

D. Optional Practical Training Employment Level Requested

Select the employment level which you are requesting during your requested period of employment authorization. Only part-time employment may be authorized during any time in which you are required to maintain course enrollment.

- Part-Time Employment (20 hours or less per week)
 Full-Time Employment (more than 20 hours per week)

E. Employment Related to Degree Program

Students authorized for employment through the use of Optional Practical Training are only authorized to engage in employment that is related to his/her degree program. It is the sole responsibility of the student to ensure that his/her employment is related to his/her degree program and to provide documented justification of this relationship upon request from the US Department of Homeland Security.

F. Related Coursework Comment

What skills have you learned in your MFTI degree program that will be used during your employment? Please explain how those skills will be implemented. Provide the job description and describe how it is related to your field of study.

G. Student Certification and Signature

I hereby certify that I have read and understood the instructions above. I understand that submission of this request is no guarantee of an approval for the issuance of a Form I-20 recommending Optional Practical Training.

I understand that the issuing of a Form I-20 recommending Optional Practical Training does not authorize me to engage in employment activities and that I must still apply for employment authorization with the US Department of Homeland Security. If I should engage in employment activities prior to receiving authorization from the US Department of Homeland Security, unless the employment has been authorized under different F-1 visa benefits, that my F-1 visa status will be terminated.

Student Signature

Date

This Section for Use By Designated School Official Only

I have reviewed this request, all supporting documentation and student eligibility requirements and hereby have made the decision below regarding the request for the issuing of a Form I-20 recommending Optional Practical Training for the student noted above.

I understand that this decision does not constitute final approval of the request and that such final approval, if granted, will be provided in the form of an updated Form I-20 authorizing this request.

Application Accepted

Application Denied – Reason for Denial: _____

Designated School Official Name (printed)

Designated School Official Signature

Date