

DREW

OPT Request Form

PART 1: PERSONAL & PROGRAM INFORMATION

Last Name		First Name	
Drew ID		I-20 Program End Date	
Email address (after graduation)		Telephone	
U.S. Address:			
Have you been authorized for OPT in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES – From: _____ To: _____			
If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
When do you expect to graduate?	Semester:	Year:	
Major:	Degree Level:	<input type="checkbox"/> CLA <input type="checkbox"/> Caspersen <input type="checkbox"/> Theology	

PART 2: OPT REQUESTED START AND END DATES

Type of OPT you are Requesting: <input type="checkbox"/> Pre-Completion OPT (part-time) <input type="checkbox"/> Pre-Completion (full-time) <input type="checkbox"/> Post completion		
Requested OPT Authorization Dates: ** Start date must be within 60 days of your program completion date	Start Date:	End Date:

PART 3: OPT I20 PICK UP / DELIVERY OPTIONS

<input type="checkbox"/> Pick up in-person
<input type="checkbox"/> Use eShipGlobal (expedited and tracked) to receive my I-20. Please set up an account at https://study.eshipglobal.com/