



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

OPT REQUEST FORM

Name: _____ Student ID #: _____
(LAST) (FIRST)

E-mail: _____ Telephone #: _____

Degree at ITU: _____

OPT Start date: _____

Employer Name: _____

Employer Address: _____

Date of Request: _____ Needed By: _____

(Please allow 1-3 business days for your request to be processed)

Please check one:

Pick up in person

Mail to the following address: _____

Current Mailing Address (This address will be updated in your SEVIS record)

*Note: You do not need to provide your employer name or employer address if you do not know it. Please make sure to update it once you know.

(Requester's Signature)

(Date)