



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

PRE-COMPLETION OPT REQUEST FORM

Name: _____
(LAST) (FIRST)

Student ID #: _____

E-mail: _____

Telephone #: _____

Degree at ITU: _____

Date of Request: _____ Needed By: _____

(Please allow 3 business day for your request to be processed)

Please check one:

Pick up in person

Mail to the following address: _____

Employer Name: _____

Employer Address: _____

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

(Requester's Signature)

(Date)