

Statement of Understanding

Optional Practical Training (OPT)

International Student and Scholar Services
Georgia State University
P.O. Box 3987
Atlanta, GA 30302-3987
Tel: 404-413-2070
Fax: 404-413-2072
Email: iss@gsu.edu
www.gsu.edu/iss



While you are on OPT you are still considered in F-1 status and must follow the regulations in order to maintain your status. **There are several requirements that are particularly important for students on OPT. Please INITIAL next to each to confirm you have read and understand the requirement.**

Student Name: _____ Panther I.D. _____

1. _____ **OPT Dates:** I wish to start my OPT on _____
2. _____ **USCIS OPT Processing Time:** I understand that it may take USCIS 90 days to process my EAD card, and that there is no way to expedite this. I also understand that I cannot work before I receive my EAD card in hand.
3. _____ **Change of Address:** I will notify International Student & Scholar Services (ISSS) with any changes to my current *PHYSICAL* address. The regulations require that I notify ISSS within 10 days of the change of address. International students have access to PAWS indefinitely after graduation, so I should be able to update my address in my account. If for some reason I am unable to use PAWS then I will send ISSS an e-mail to document the change of address to **OPT@gsu.edu**
4. _____ **Major:** My major is _____.
5. _____ **STEM:** I understand ___ *I am/* ___ *am not* eligible for the 17-month STEM extension.
6. _____ **Email Address & Phone Number:** I understand GSU email addresses are only good for 14 months after graduation. In order to ensure ISSS can notify students with pertinent updates and important changes in regulations we ask for a personal email address & phone number.

(Personal Email Address)

(Personal Phone Number)
7. _____ **Employer Address:** I understand the regulations now require me to notify ISSS with my **employer's address**. Once I have secured a job, I will email ISSS at **OPT@gsu.edu** with my name, panther ID, employer's name and physical address, and job start date. I will also email **OPT@gsu.edu** when my employment situation changes (for example, if I am no longer working, or start a new job).
8. _____ **OPT is based on Employment:** I understand that international students on OPT can be unemployed for no more than 90 days during their OPT time period.

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9. _____ **School Transfer/Resume Full-time Study:** I understand that my authorization to engage in Optional Practical Training employment is automatically terminated when I transfer to another school or begin study towards another degree program (even though the dates on the EAD card appear to still be valid) . If I plan to transfer to another school or begin a new program, I will notify ISSS to transfer my records electronically to the new school. Otherwise the new school will not be able to issue me a new I-20 and I will violate my status.
10. _____ **Change of Status:** I understand that if I change my immigration status, I must contact the ISSS to provide proof of the change of status to keep my file updated. I will no longer be required to abide by F-1 regulations once ISSS updates the change of status.
11. _____ **Travel:** I understand while I am on OPT, I remain in F-1 nonimmigrant student status. **Travel outside of the U.S. while my OPT application is pending is not advised.** If I have an emergency situation that requires me to travel while my OPT is pending, I will see an advisor before doing so.
12. _____ **Social Security and Taxes:** I understand that F-1 students who have been in the USA for fewer than five (5) years may be exempt from Social Security (F.I.C.A.) taxes. My earnings are subject to applicable federal, state, and local taxes. I must file a tax return on or before April 15 each year.
13. _____ **Health Insurance:** I understand that ISSS strongly encourages all students on OPT to maintain their health insurance. If my employer does not offer insurance, I may purchase the GSU international student health insurance through ISSS within 30 days of graduation on a semester-by-semester basis for the full year of my OPT.

A note of caution: If you fail to comply with your responsibilities, you may not be eligible for benefits normally granted to F-1 students.

I have read and understand the immigration information listed above.

(Student Signature)

(Date)

Evaluation by DSO:

Months/Days of Full-Time CPT used: _____mo _____days

Previous OPT Employment dates (if applicable):

____/____/____ - ____/____/____

Previous OPT Employment level (if applicable):

Bachelors Masters PhD

Attended Employment Workshop? _____

Requested OPT Dates: ____/____/____ - ____/____/____

Check/Money Order \$ _____.

I-765: _____

Passport _____

I-94 _____

F-1 Visa _____

F-1 COS receipt/I-94 (If app.): _____

2 Photos _____