



## Request for Optional Practical Training (OPT) Recommendation

Students attending Midwestern University with an F-1 visa, and who have completed a full year of study, may request that the university recommend them for off-campus Optional Practical Training directly related to their field of study.

On campus employment is not subject to OPT requirements. Midwestern University does not offer CPT opportunities.

Student Information (name must exactly match your passport)				
Family (Last) Name	Given (First) Name		Middle Name	Student ID Number
Program of Study	<input type="checkbox"/> Osteopathic Medicine	<input type="checkbox"/> Biomedical Sciences M.A.	<input type="checkbox"/> Occupational Therapy	Class Level
	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Biomedical Sciences M.B.S.	<input type="checkbox"/> Physician Assistant Studies	<input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> 4 <sup>th</sup> Year
	<input type="checkbox"/> Dental Medicine	<input type="checkbox"/> Cardiovascular Science	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 5 <sup>th</sup> Year
	<input type="checkbox"/> Optometry	<input type="checkbox"/> Clinical Psychology	<input type="checkbox"/> Podiatric Medicine	<input type="checkbox"/> 3 <sup>rd</sup> Year
	<input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Nurse Anesthesia	<input type="checkbox"/> Speech-Language Pathology	

Students may request up to 12 months (52 weeks) of OPT in total during their master's or doctoral studies.

Requested Dates for OPT	
Requested Start Date	Requested End Date

Option for Pre-Completion OPT
<input type="checkbox"/> Check this box if you are requesting <b>Pre-Completion OPT</b>
Pre-Completion OPT Employment Type
<input type="checkbox"/> Part Time (Select this if you will be working while school is in session. Work is limited to 20 hours per week except during school breaks.)
<input type="checkbox"/> Full Time (Select this if you will be working ONLY during a school break. You must work at least 20 hours per week.)
<b>NOTE:</b> For every <i>two months of part time</i> or every <i>one month of full time</i> Pre-Completion OPT used, available full time Post-Completion OPT is reduced by one month. Time does not need to be used in a single request, although each request will require separate authorization and new Employment Authorization Document.

Before beginning OPT employment, the student must apply for and receive an Employment Authorization Document (EAD) and U.S. Social Security Number.

Apply for an EAD at [www.uscis.gov/i-765](http://www.uscis.gov/i-765). Indicate below if you do not have a Social Security Number.

Certification of Request		
I certify the information provided on this form is correct and complete. I will submit a <i>Designation of OPT Employer</i> form (next page) prior to beginning employment.		<input type="checkbox"/> I do not have a U.S. Social Security Number
Name of Student	Signature	Date

SCAN COMPLETED FORM TO OFFICE OF THE REGISTRAR

Downers Grove Campus: IL.registrar@midwestern.edu

Glendale Campus: AZ.registrar@midwestern.edu

Retain original signed form for your records.



## Designation of Optional Practical Training (OPT) Employer

This form is not required at the time of initial OPT request but must be submitted prior to beginning OPT employment.

Students are required to provide up-to-date information about their OPT employer to Midwestern University before beginning employment. Students must also promptly inform Midwestern University of any changes to employment.

Student Information (name must exactly match your passport)				
Family (Last) Name	Given (First) Name		Middle Name	Student ID Number
Program of Study	<input type="checkbox"/> Osteopathic Medicine	<input type="checkbox"/> Biomedical Sciences M.A.	<input type="checkbox"/> Occupational Therapy	Class Level
	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Biomedical Sciences M.B.S.	<input type="checkbox"/> Physician Assistant Studies	<input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> 4 <sup>th</sup> Year
	<input type="checkbox"/> Dental Medicine	<input type="checkbox"/> Cardiovascular Science	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 5 <sup>th</sup> Year
	<input type="checkbox"/> Optometry	<input type="checkbox"/> Clinical Psychology	<input type="checkbox"/> Podiatric Medicine	<input type="checkbox"/> 3 <sup>rd</sup> Year
	<input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Nurse Anesthesia	<input type="checkbox"/> Speech-Language Pathology	

Dates of Employment	
Start Date	End Date (must not extend beyond approved OPT period)

OPT Employment Information				
Employment Information	Student OPT Job Title	Employer Address	Company/Organization Legal Name (or "Self Employed")	
	Company/Organization EIN (Employer ID Number)	Address Line 1		
	Supervisor Name	Address Line 2		
	Supervisor Phone	City		
	Supervisor E-mail	State	ZIP Code	USA

Certification of Designation		
<p>I certify the information provided on this form is correct and complete.</p> <p>I understand I am responsible for promptly notifying Midwestern University of any changes to my employment or my address of residence.</p>		
Name of Student	Signature	Date

Submit this form again for any future changes of employment during this OPT period. Address changes must be submitted at <https://online.midwestern.edu>.