



Office of Multicultural Affairs
605 E. College Ave
North Manchester, IN 46962

Phone: (260) 982-5276
Fax: (260) 901-8077
Email: oma@manchester.edu

**Optional Practical Training
Application**

Student Information

Last/Family Name: _____ First/Given Name: _____
 Manchester ID: _____ MU e-mail: _____
 SEVIS ID#: _____ Telephone: _____
 Level of Education: Undergraduate Graduate
 Major: _____ Graduation Date: _____

Previous Practical Training

Provide information below regarding any previously Authorized <i>Curricular Practical Training (CPT)</i>	Provide information below regarding any previously Authorized <i>Optional Practical Training (OPT)</i>
Start date: _____ End date: _____ Full or Part Time	Start date: _____ End date: _____ Full or Part Time
Start date: _____ End date: _____ Full or Part Time	Start date: _____ End date: _____ Full or Part Time

Proposed Employment Information

Type of OPT for which you are applying: Pre-Completion (c) (3) (A)
 Post-Completion (c) (3) (B)
 STEM extension (c) (3) (C) – only for certain majors

Start Date:	End Date:	Number of Hours per week:
-------------	-----------	---------------------------

- I have not secured employment.
- I have secured employment and provided employer information below.

Description of employment: _____

Signature of student: _____	Date: _____
-----------------------------	-------------