

Optional Practical Training (OPT) I-20 Request

This request must be submitted to Kernel University at your OPT appointment. This form is for Kernel University use only and should not be mailed to USCIS with your OPT application.

SECTION A: Kernel University F-1	Student's Information
Last Name: First Nan	e: Request OPT Dates: To
Kernel Student ID Number:	SEVIS ID:
Degree Level: B. Th	I.Div D.min BSBA
Phone Number:	E-mail:
Address:	
	Card (including prior OPT, STEM OPT, H-4 EAD etc)? ies of all prior EAD cards to your OPT appointment.
Have you previously held any immigratio No Yes If yes, please bring con	status other than F-1? ies of all prior immigration documents to your OPT appointment.
My expected graduation term is	(i.e. Spring 2020)
I have completed all degree requirement	nts, or I am currently enrolled in the final degree requirements.
• I also understand it can take 90 days of	longer for the United States Citizenship and Immigration (USCIS) Center t
process my application.	
	nges in my U.S. address, employment information and any period of
	al (https://sevp.ice.gov/opt) within 10 days of any change.
Agree Disagree	
SECTION B: Employer Information	
Company Name:	EIN Number:
Address:	
Phone:	E-mail:
Supervisor Name:	
I confirm that the above information is co	rect.
Signature:	Date:

Revised: 12/20/2022

SECTION C: Confirmation of Staff or Faculty Member

This section should be completed by the staff or faculty member responsible for providing academic advising to the student.

•	Relationship to student (select one)
	Academic Advisor
•	Has the student submitted a timely petition to graduate?
•	Has the student completed all degree requirements or is the student enrolled in the final degree requirements. No Yes
l cc	nfirm that the above information is correct.
Sig	pature: Date:

Revised: 12/20/2022