

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 Univ	ersity F-1 Student's	s Informatio	'n	
Last Name:	First Name:		Request OPT Dates:	To
Kernel Student ID Number:		_ SEVIS ID:		
Degree Level: B. Th	M.Div	D.min	BSBA	
Phone Number:		E-mail:		
Address:				
Have you previously applied f	or any EAD Card (includi	ing prior OPT, S	TEM OPT, H-4 EAD etc)?	
No Yes If yes, plea	ase bring copies of all pric	or EAD cards to	your OPT appointment.	
Have you previously held any	immigration status othe	er than F-1?		
_ ` `_ ` '	•		documents to your OPT appo	intment.
My expected graduation t	erm is	_ (i.e. Spring	2020)	
• I have completed all degree	ee requirements, or I am	currently enrol	led in the final degree require	ements.
• I also understand it can ta	ke 90 days or longer for t	the United State	es Citizenship and Immigratio	n (USCIS) Center to
process my application.				
• I also acknowledge I will re	eport any changes in my	U.S. address, er	nployment information and a	any period of
		evp.ice.gov/opt) within 10 days of any chang	ge.
Agree Disagree	!			
SECTION B: Employer In	nformation			
Company Name:		EIN Number		
Address:				
Phone:		E-mail:		
Supervisor Name:				
I confirm that the above infor	mation is correct.			
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