

OPTIONAL PRACTICAL TRAINING (OPT)
DATE VERIFICATION FORM

Today's Date: _____

Please enter your last and first name as it appears on your Form I-20.

Last Name: _____

First Name: _____

Primary E-mail Address (the one you will use after graduation):

Current Residential Address:

SEVIS # (Listed on the top right-hand corner of your Form I-20): N _____

I-20 Completion Date (section #5 on your Form I-20): _____

Current Major or Field of Study (if different than #5 on Form I-20):

Employer Name If Applicable (if self employed put "self employed"):

Employer Address:

Requested dates of OPT: ____/____/____ until ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Full-Time Part-Time

I understand that in some cases the OPT receipt or approval is mailed to the HIO. In this case the HIO needs permission to open this mail on my behalf. I hereby grant permission to the HIO.

Signature



Harvard International Office
1350 Massachusetts Avenue, Holyoke Center Room 864
Cambridge, MA 02138-3800 tel: (617) 495-2789 fax: (617) 495-4088
www.hio.harvard.edu