

Post-Completion Optional Practical Training (OPT) Student Acknowledgement of Responsibility

Student's N	Name: ID#:
Dates requ	ested for OPT:
the United	dge that Champlain College is assisting me in filing my post-completion OPT application with States Citizenship and Immigration Services (USCIS) and I release Champlain College from any the filing of my post-completion OPT application.
	nd that I am 100% responsible for the proper filing of my post-completion OPT application 5 and all required documentation). I have read and reviewed my application for accuracy and e.
	y, I understand that I am continuing in my F-1 student status while on post-completion OPT wledge that I am required to comply with F-1 rules and regulations of status, including:
2. Eng 3. Wo	plying for and finding work in the major field of study. gaging in full-time employment (20+ hours a week) to maintain status. orking only between the start and end dates listed on both OPT EAD Card and "OPT Approved" rm I-20.
4. Usi tha	ing only 90 consecutive days of unemployment to find a suitable OPT placement. I understand at if I do not report my employment details to the P/DSO within 90 consecutive days my SEVIS cord will be terminated by SEVP.
	tifying the P/DSO of employer's name and address when a placement is found and within 10 ys if there is a change of employer.
	tifying the P/DOS of current local address of residence and any changes to this address within days of the change.
	taining an I-20 travel signature every 6 months from the Office of International Student rvices.
8. Sta	orting a new course of study or transferring to a new school terminates post-completion OPT.
	this form, I acknowledge that I have read and understand this document, and I understand my t status responsibilities while I am on post-completion OPT.
	Signed

Please return completed form to:

Office of International Student Services international@champlain.edu