



Optional Practical Training (OPT) Recommendation Form

Complete the following information. The Lasell Office of International Services will use the information you provide to recommend your OPT employment authorization. If you do not know the answer to the question, leave it blank and the advisor will assist you during the OPT advising session.

Personal Information:

Last Name: _____ First Name: _____

Graduation date: _____

Lasell Email Address: _____

Non-Lasell Email Address: _____

Phone Number: _____

Address:

Street Name and Number: _____ Apt. Number: _____

City: _____ State: _____ Postal Code: _____

OPT Requested Dates:

Start date:

End Date:

(MM/DD/YYYY)

(MM/DD/YYYY)

Type of OPT Requested: Full Time Post-completion OPT
Part Time Pre-completion OPT
Full Time Pre-completion OPT

In signing this form I acknowledge that I will do the following to abide by the OPT reporting requirements:

- Will only engage in employment in the field of study and the degree on which this OPT application is based
- Will report any changes in employers within ten days of a change
- Will report any changes in my address (where I physically reside) within ten days of a change
- Will report any changes in my or my dependent's name(s)
- Will report any change of my immigration status (e.g. F to H or J, etc.)

Student Signature: _____

Date:

(MM/DD/YYYY)

Office of International Services

Arnow Campus Center 210, 1844 Commonwealth Ave., Newton, MA 02466
(P) 617-243-398 (F) 617-243-2411 (Email) iss@lasell.edu