REQUEST for PRE-Completion OPT

1. Student Name _____

2. CSUN ID _____

3. Program of Study (Major) _____

4. What is the day would like Pre-Completion OPT to start?   _____

5. What is the day would like Pre-Completion OPT to end?   _____

   Remember that PRE-Completion OPT reduces the amount of time you will have for POST-Completion OPT.

6. Sign and date the acknowledgement.
   I have read and understand the handout, "Interested in OPT? Information about Pre-Completion OPT."

   _____   _____
   Signature   *Date*

7. I-20s cannot be sent via email.
   Do you want to pick up your OPT I-20 or have it mailed to your local address?   ☐ PICK UP   ☐ MAILED

   If mailed, write the complete, exact address for us to use:

   _____

   _____

8. Submit this request to ARC.

CSUN | The Tseng College | Office of Admissions, Registration, and Client Services (ARC) | EU 200
18111 Nordhoff Street, Northridge, CA 91330-8343 | 818-677-2504 | collexl@csun.edu

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