REQUEST for PRE-Completion OPT

DSOs:

1. Student Name	
2. CSUN ID	
3. Program of Study (Major)	
4. When do you anticipate completing your degree/certi	ificate?
	Term, Session, Semester, Month
5. What is the day you would like Pre-Completion OPT to	o start?
What is the day you would like Pre-Completion OPT to	o end?
Pre-Completion OPT must end on, or before, the last d	lay of your program (your completion date).
6. Sign and date the acknowledgement. I have read and understand the information about PR https://tsengcollege.csun.edu/studentinfo , in 'Employ	
	Date
7. I-20s cannot be sent via email. It will be sent to the ac Write the complete, exact address for us to use:	ddress you give below.
8. Submit this request to ARC.	
	l <u>etion OPT</u> . that you cannot work more than 20 hours per weel hours/week is considered Part-Time, (and more th
	t of time you will have for POST-Completion OPT.

(Specifically, 2 days of <u>part-time</u> pre-completion OPT reduces post-completion by one day.)