



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

Student's Name: _____ ID#: _____

Dates requested for OPT: _____

I acknowledge that Champlain College is assisting me in filing my post-completion OPT application with the United States Citizenship and Immigration Services (USCIS) and I release Champlain College from any liability in the filing of my post-completion OPT application.

I understand that I am 100% responsible for the proper filing of my post-completion OPT application (Form I-765 and all required documentation). I have read and reviewed my application for accuracy and compliance.

Additionally, I understand that I am continuing in my F-1 student status while on post-completion OPT and acknowledge that I am required to comply with F-1 rules and regulations of status, including:

1. Applying for and finding work in the major field of study.
2. Engaging in full-time employment (20+ hours a week) to maintain status.
3. Working only between the start and end dates listed on both OPT EAD Card and "OPT Approved" Form I-20.
4. Using only 90 consecutive days of unemployment to find a suitable OPT placement. I understand that if I do not report my employment details to the Assistant Director, International Student Services within 90 consecutive days my SEVIS record will be terminated by SEVP.
5. Notifying the Assistant Director, International Student Services of employer's name and address when a placement is found and within 10 days if there is a change of employer.
6. Notifying the Assistant Director, International Student Services of current local address of residence and any changes to this address within 10 days of the change.
7. Obtaining an I-20 travel signature every 6 months from the Assistant Director, International Student Services.
8. Starting a new course of study or transferring to a new school terminates post-completion OPT.

By signing this form, I acknowledge that I have read and understand this document, and I understand my F-1 student status responsibilities while I am on post-completion OPT.

Signed _____

Date _____

Please return this completed form to:

Jessa Karki, Assistant Director, International Student Services/Designated School Official
Champlain College, 163 South Willard Street, P.O. Box 670, Burlington, VT 05402-0670

Phone: 1-802-865-6485; E-mail: jkarki@champlain.edu