

OPT Application Supplemental Info

I-765 Form Part 6 Additional Information

Last Name: _____ First Name: _____

Student ID: _____ Current SEVIS I-20 ID #: _____

CURRENT SEVIS I-20 ID #: _____

Employment history under Current SEVIS I-20 ID #:

Have you applied for OPT(s) under current SEVIS I-20 #: No Yes, OPT end month and year ____/____

Have you applied for CPT(s) under current SEVIS I-20 #: No Yes

CPT 1: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

CPT 2: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

CPT 3: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

CPT 4: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

PREVIOUS SEVIS I-20 ID # if any: _____

Employment history under Previous SEVIS I-20 ID #:

Have you applied for OPT(s) under current SEVIS I-20 #: No Yes, OPT end month and year ____/____

Have you applied for CPT(s) under current SEVIS I-20 #: No Yes

CPT 1: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

CPT 2: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

CPT 3: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

CPT 4: Full-time Part-time Start Date: ____/____/____ End date: ____/____/____

Note: Please attach more form(s) to include complete SEVIS # and Employment History



For questions regarding the OPT application, please contact California State University, Fresno, International Office at international@mail.fresnostate.edu