



INTERNATIONAL STUDENT PROGRAM

POST-COMPLETION OPT REQUEST FORM

PERSONAL AND PROGRAM INFORMATION			
Last Name:			
First Name:			
Middle Name:			
Student ID #:			
SEVIS ID #:			
Email Address:			
Phone #:			
U.S. Address:			
Major at LACC:			
Degree Level/AA/Certificate:			
OPT Request Dates:	Start Date:	End Date:	
Have you been on OPT Previously?	YES	NO	
If YES, OPT Start Date:			OPT End Date:
OPT Degree Level: (AA/BA/MA/Certificate...)			
Institution's Name:			

Please complete the OPT request form and Email it to Marine Petrosyan at petrosm@lacitycollege.edu.

