

F-1 OPT Questionnaire

State law requires us to inform you that you are entitled to:

1. Request from us information collected about yourself on this form; with a few exceptions provided by law.
2. Receive and review that information.
3. Have the information corrected at no charge.

Biographical Information

Name
First Middle Last

Date of Birth Male Female

City of Birth Country of Birth

Country of Citizenship Permanent Residence

Addresses & Phone Number

Email Address Phone Number

Current Address (if you are in the US) Foreign Address

Address 1 Address 1

Address 2 Address 2

City City

State Province

Zip Code Zip/Postal Code

Country

Immigration History

Nonimmigrant Status

Date of last arrival

I-94 number

I-94 expiration date

EAD number, if applicable

SEVIS number, if applicable

Passport number

Passport issue date

Passport issued by

Passport expiration date

Academic Information

What degree(s) have you obtained?

Degree	Field of study as stated on diploma	Institution

I have read and understood this questionnaire. The information I have provided is true to the best of my knowledge.

Signature

Date