



Please return to: International Student Advisor
UCSC Extension Silicon Valley, 2505 Augustine Drive, Suite 100, Santa Clara, CA 95054
Phone: (408) 861-3700 Fax: (408) 342-0164

Name: _____
Family in CAPS First Middle Initial

Date of Birth: _____ E-mail: _____
Month Day Year

Telephone Number: _____ Certificates Completed: _____

Current Residential Address: _____

_____ End Date of Final Certificate Course _____

Briefly describe the proposed employment for practical training:

Begin date of proposed employment: _____ End date of proposed employment (12 months after begin date): _____

You must begin OPT employment within 60 days of the last day of the term in which you graduate. OPT cannot begin prior to the last day of the term.

Please provide credit card information to authorize payment of the \$250 OPT Advising Fee:

Visa Master Card American Express Discover

Card Number _____ Expiration Date _____ CVC Code _____

Authorizing Signature _____

Please list all Extension courses you have completed in the chart on the back of this form.

