

Notice of Action

Date:

To:

SEVIS ID:

Subject: Optional Practical Training (OPT) Request

Dear ,

This document serves as an official notice regarding your recent request for Optional Practical Training (OPT). Please review the details below:

- Student Name:
- Student ID:
- Program of Study:
- Requested OPT Start Date:
- Requested OPT End Date:

Action Taken:

If you have questions regarding this notice or require further assistance, please contact the International Student Office.

Sincerely,

Designated School Official (DSO)