

OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

Send all correspondence to:

Oral Roberts University
Attn: International Office
7777 South Lewis Avenue
Tulsa, OK 74171

To Whom It May Concern:

This is to verify that _____ has been a fully-enrolled student in good academic standing at Oral Roberts University since _____, and is furthermore applying for Optional Practical Training in the field of _____.

This student's degree plan will be completed on _____.

Student's signature: _____

Advisor's signature: _____

Date: _____