1.2 Graduate Optional Practical Training (OPT) (Students on an F1 or J1 visa)

Last name:	First name:	SID:		
Email: Phone:				
Program: □ MSCMPE □ M	MSSE			
☐ 1 copy of Program of (MUST BE COMPL)	T form al transcript from my.sjsu Study from http://cmpe.sj ETELY TYPED & FIT T nd/or <u>pass letter on letterh</u>	su.edu/content/fo O ONE PAGE) +	proof of conditions	::
(2) Department office				
Tracking Number:	Time Stamp: _			
(3) Undergraduate or Grad	luate Advisor			
Decision:		Initial:	Date:	
(4) Student				
☐ Picks up the package	Time Stamp: _			

Revised: 9/2018