Bergen Community College
400 Paramus Road
Room A-126/F-1 Int'l Student Center
Paramus, NJ 07652
Phone: +1 (201) 689-7601
Fax:(201) 251-0353

OPT Request Form

First Name: _____ Last Name: _____

BCC Student ID Number: _____ Email: _____

Today's Date_____

OPT Work Dates (The start date can be as early as the first day after classes end, and can be as late as 60 days after this date. Keep in mind that in can take 60-90 days to receive your card!):

OPT Start Date _____ End Date _____

My Major is: _____

I would like to do the following for work (briefly give a description of the position that you'd like to have while on OPT. It must be DIRECTLY related to your major at BCC):

_____

_____

I have been out of status Y N

If Yes, please explain **1**. when you were out of status, **2.** why, **3.** when you were granted reinstatement, and **4.** whether you did your reinstatement in the US or through travel:

_____

_____

_____