LOS ANGELES CITY COLLEGE
LACC
The City's College.

INTERNATIONAL STUDENT PROGRAM

POST-COMPLETION OPT REQUEST FORM

PERSONAL AND PROGRAM INFORMATION			
Last Name:			
First Name:			
Middle Name:			
Student ID #:			
SEVIS ID #:			
Email Address:			
Phone #:			
U.S. Address:			
Major at LACC:			
Degree Level/AA/Certificate:			
OPT Request Dates:	**Start Date:**		**End Date:**
Have you been on OPT Previously?	**YES**	**NO**	
If YES, OPT Start Date:		**OPT End Date:**	
OPT Degree Level: (AA/BA/MA/Certificate…)			
Institution's Name:			

Please complete the OPT request form and Email it to Marine Petrosyan at petrosm@lacitycollege.edu.