



Acknowledgement of Responsibility Form for F-1 Students Applying for Optional Practical Training (OPT)

We must receive the original of this form with the original student signature. No copies, faxes, or scans will be accepted.

A. While working on OPT, an F-1 student must:

- Send ISS a copy of your OPT EAD card to isoemp@lsu.edu.
- Work in a paid position for at least 20 hours per week, **or** if you cannot find an employer, you must volunteer for at least 20 hours per week. (You cannot exceed more than 90 days of unemployment during the 12-month OPT period.)
- Work in a position related to the degree and educational level your OPT is based on.
- Keep records of your employment or volunteer history such as hours worked, dates, pay stubs if available, letters verifying employment/volunteer work, etc. for yourself to show that you maintained your F-1 OPT status.
- Report to the Designated School Official (DSO) via email (isoemp@lsu.edu) within 10 days of new information or change in information:
 - Legal name change
 - New/Change in residential or mailing address
 - New/Changes in employer, giving employer name and address
 - Loss of employment
 - Departing the U.S. and forfeiting the remainder of your OPT period

B. Every six months starting from the approved start date on your EAD card and ending no later than the approved end date on your EAD card, an F-1 student must report the following information to the DSO (even if there are no changes):

- Full legal name
- SEVIS ID #
- Current mailing and residential address
- Name and address of current employer

C. Once approved for OPT, you must not:

- Work in a paid position for any employer that is unrelated to your degree and educational level.
- Have more than 90 days unemployment time during the entire period of post-completion OPT (12-months).

Please report all required information by emailing isoemp@lsu.edu.

I have read and understood the above listed responsibilities, and I agree to follow all of the above listed requirements governing my F-1 OPT. I understand that I may be denied future immigration benefits if I fail to comply with the requirements during the OPT authorization period.

Student name (printed)

Student's email address (during OPT period)

Student signature

Date