International Services & Programs
HOUSTON COMMUNITY COLLEGE

HCC ID:_____

SEVIS ID: _____

Commitment Letter
Post-Completion Optional Practical Training (OPT)
Regulatory obligations for F-1 students

While a Designated School Official (DSO) recommends OPT in SEVIS, it is student's responsibility to apply for the work permit with the U.S. Citizenship and Immigration Service (USCIS).

Request OPT Start Date: _____/_____/_____ (MM/DD/YYYY)
Choose a date **within 60 days after your Program End Date**

I acknowledge that:
- I **have applied for graduation**.
- I will complete/or have completed my academic program
- It is my responsibility to apply for the work permit with the U.S. Citizenship and Immigration Service (USCIS).
- Neither HCC nor the International Services & Programs Office is responsible for any errors or omissions in my OPT application packet, or for the USCIS decision
- I will file the Application for Employment Authorization (Form I-765), fee, Form I-20 with OPT recommendation and supporting documentation with USCIS within 30 days of the DSO's recommendation.

I acknowledge I have to report on the following:
- Failure to graduate (immediately)
- Change of legal name, contact information: address, telephone, email (within 10 business days))
- Employment information (name of employer, address, employment start date) via SEVIS Portal (within 10 days)
- Any communication received from the DHS to ISP such as approvals (EAD), denials or Request for Evidence (as soon as received)

I acknowledge that if I accrue more than 90 days of unemployment while on OPT, my F-1 status might be terminated unless I have taken one of the following actions:

1. Applied to continue my education at Houston Community College
2. Transferred to another certified school
3. Departed the United States – validate departure date
4. Changed my legal status (if applicable)

STUDENT ACKNOWLEDGEMENT: *I have read the above statement regarding OPT application and obligatory reporting requirements, and I realize that I must follow these rules to remain in legal status in the U.S.*

_____   _____   _____/_____
Last Name (please print)   First Name   Signature   Date