



LINDENWOOD UNIVERSITY

Full Name: _____

LU ID: A00

SEVIS number: N00

Requested OPT Start Date: _____

I, _____, understand that I am responsible for all OPT application materials and the information contained therein. I understand that I am responsible for mailing my OPT application packet within two weeks of creation of receiving my new I-20 with "Requested" OPT status.

I understand I am fully responsible for my OPT application and that Lindenwood University has no responsibility of a "Denied" decision from USCIS if my OPT application is mailed late or incomplete. Upon requesting OPT, I will not be able to make any adjustments to said request (i.e. change the start date) once the request has been processed and my I-20 returned to me. I request that my OPT start date be _____.

I understand that Lindenwood University has no bearing or influence over a final decision rendered by USCIS regarding my OPT application and status. By signing this waiver I am fully releasing and discharge Lindenwood University and the staff of the Office of Admissions & Services for International Students (OASIS) from any and all liability in connection with my OPT application and request process.

Signature of Student (use blue ink):

Signature of P/DSO (use blue ink):

Date: _____

Date: _____

Real Experience. Real Success.

Lindenwood University / 209 South Kingshighway, St. Charles, MO. / 636.949.2000