International Student Service Office 199 Chambers Street, Room S-115N New York, New York, 10007

Email: internationalstudents@bmcc.cuny.edu

Tel: (212) 776-7179

Family Name:	First Name:	Midd	lle Name:
EMPLID:	Date of Birth(M/D/Y):/	/
Phone Number:	Email: _		
I am requesting:			
Post-Completion C	Pr I-20 Or □Pr	e-Completion (OPT I-20
Major:			
If you are requesting Pre	or Post Completion OPT,	, please submit the	following documents:
Form I-765 (1 copy) htt	ps://www.uscis.gov/sites/d	efault/files/docume	nt/forms/i-765.pdf
☐ Form G-1145 (1 copy) l	nttps://www.uscis.gov/sites	/default/files/docun	nent/forms/g-1145.pdf
2 passport-type photos (2 inches x 2 inches) with a	white/light backgro	ound
1 copy of all previous I-and passport	20s (1 st and 2 nd pages), cur	rent I-94 (https://i94	4.cbp.dhs.gov/I94/#/home), visa
\$410 fee (money order of	or personal check)		
ODT STADT DATE		ODT END DAT	Έ
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Signature:		Date:	
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