

THIS FORM IS DUE TO OIED WITHIN 7 DAYS OF DATE SIGNED

Florida A&M University Office Of International Education and Development
OPT EAD CARD RECEIPT AGREEMENT

STUDENTS MUST COMPLETE THE ITEMS BELOW AND SIGN:

I accept my OPT EAD card under the following conditions:

A. OPT TERMINATION CONDITIONS: I understand that authorization to engage in OPT employment is automatically terminated, even if the EAD card ending date has not been reached, when:

1. I transfer to another school.
2. I exit the U.S.A. and re-enter with another 1-20 issued by another school.
3. I officially begin a new degree program at FAMU or any other institution in the U.S.A
4. I re-enter the U.S.A. with an 1-20 for a new academic program at FAMU or any other institution in the U.S.A.
5. I change my status to any other BCIS/DOS non-immigrant category, i.e. HIB, PR, n, J2, and F2.

B. EARLY TERMINATION: IF I terminate my OPT earlier than the ending date on my EAD card, BCIS regulations will not allow for recovery of unused time.

C. OTHER OPT: After I am authorized 12 months of OPT, I may become eligible for another 12 months of OPT only when I move to a higher educational level.

D. FAMU International Medical Insurance is optional for me and my dependents. To continue this insurance, I must agree to the terms on the document.

F. CURRENT ADDRESS: I also understand that it is my responsibility to provide my current address to FAMU, OIED, and US BCIS.

G. I have made my insurance decision based on the information on this form and on the instructions on Part I:

1. Required information: My current insurance expires: (day/ Month/year):
2. My OPT dates (on your card): STARTS: (day/month/year) ENDS: (day/month/year):
3. Choose one and answer questions below:
 No, I do not wish to continue my insurance.
 Yes, I wish to continue my insurance.

	Start Date	End Date	# of Mos.	\$ per Mo.	Charge	Total
Student/scholar				\$	\$	\$
Spouse				\$	\$	\$
Children <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4				\$	\$	\$

I understand all conditions on this form and hereby agree to these conditions:

Print Complete Name _____ ID# _____ SEVIS# _____

Date Card Received _____ E-mail Address _____

Date insurance decision due: _____ Other E-mail _____

Signature _____ Date _____

FOR OIED USE ONLY: Date form received by OEID _____ Received by _____
 Dates: OASIS input _____ SEVIS input: _____ Approved By _____