



HCC ID: \_\_\_\_\_

SEVIS ID: \_\_\_\_\_

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

Any OPT related correspondence sent by the Department of Homeland Security (DHS) will be delivered to your personal address. You **must** submit a copy of any communication received from the DHS to the Office of International Student Services & Study Abroad (OISS&SA), such as approvals (OPT card), denials or request for additional evidence, and — most importantly — your employment information in order for us to maintain your SEVIS Form I-20 accordingly.

Please report any such changes of this information within 10 days by submitting the [OPT Employment Information form](#) to OISS&SA via e-mail ([oiss.international@hccs.edu](mailto:oiss.international@hccs.edu)) or fax (713) 718-2112.

Requested OPT Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

I confirm I have applied for graduation.

**I acknowledge I have to report immediately on the following:**

- Failure to graduate
- Change of legal name
- Change of contact information (address, telephone, email address)
- Employment information (name of employer, address, employment start date)
- Change of employment status (change of employer, secondary employment, etc.)

**I acknowledge that**

- If I accrue more than 90 days of unemployment while on OPT, my F-1 status will 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

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

\_\_\_\_\_  
Family Name (please print)

\_\_\_\_\_  
First

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Emergency Contact (Name/Phone)

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Address: Street

\_\_\_\_\_  
Apt#

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip code