

Toyota Technological Institute at Chicago  
Request for Work Authorization

Authorization Requested

F-1 CPT       F-1 CPT Ext.       F-1 OPT       F-1 OPT STEM Ext.

Last (Family) Name

First (Given) Name

Work Authorization Start Date

Work Authorization End Date

Full Time or Part time  
(part time is 20 hrs or less per week)

Full Time       Part Time

**Below I am listing all previous periods of authorized employment for OPT and CPT, with exact dates and degree level for each:**

***By signing this form I affirm that the employment in which I will engage has direct relevance to my course of study.***

Your name here will be recorded as your signature:

Date