



Optional Practical Training Approved Employment Form

STUDENT/PERSONAL AND PROGRAM INFORMATION

Surname Name:		Given Name:	
Student ID:		Phone:	
E-mail:			
Student Physical Address:			
City:		State:	Zip Code:
OPT Requested Start Date:		OPT Requested End Date:	
Employment Start Date:		Employment End Date:	
Employer Name:			
Employer EIN (SEVIS "Highly Recommends"): -			
Employer Address:			
City:		State:	Zip Code:
Supervisor Name:			
Supervisor E-mail:		Supervisor Phone:	
Student Employment Position:			
SEVIS REQUIREMENT			
Explain how employment is related to course of study in COMPLETE SENTENCES.			
Must be: Typed, Attached, Signed.			

***Start date must be within 60 days of your program completion date. ***By submitting this completed form I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated with SEVIS, Homeland Security, & USCIS.

Student Signature

Date

Authorized Staff

Date