

Optional Practical Training (OPT) Job Reporting Form

Please complete form in its entirety and attach the Attach a copy of the front and back of you	
☐ Attach a copy of your job offer letter. STUDENT INFORMATION	
Last Name	Given Name (First and Middle)
J# (Student ID)	Academic Major:
J# (Student ID)	Academic Major.
Date of Birth:	Email:
SEVIS ID:	Phone #:
Student Current U.S Address:	
Street Address	Apt #
City State Zip	
EMPLOYER INFORMATION	
Company Name	
Supervisor Name (First & Last Name)	Employer EIN (9 digits)
Student Job Title:	Supervisor Phone #:
Job Start Date:	Supervisor Email:
Reason: I am reporting a new job 6-Month Validation I finished working there on mm/dd/yy	Type of Employment: Part Time Full Time Volunteer
Company Address:	
Street Address	Suite #
City Sta	1
Please explain IN DETAIL how this job relates to your degree.	
Please check on below: ☐ I will pick up my I-20 once ready. ☐ I will have the following friend/relative pick up the I-20: ☐ I would like the I-20 to be sent via regular mail to my address stated above.	
Student Signature	 Date