OPT Reporting Form

Submit this form to International Student & Scholar Services within 10 days of any change in address or employment. Once received, a DSO will make any necessary adjustments to your immigration record to accurately reflect your employment in the United States. Once changes are made, you will be emailed with a confirmation of the changes. If there are any discrepancies, respond to the email with the needed corrections.

Please include a copy of your Employment Authorization Document (EAD) with this form if you have not already done so. Failing to report while on OPT will result in the termination of your I-20.

Name:			
	Family/Last Name	First Name	•
T-Number or S	EVIS ID or Date of Birth:		
Current U.S. A	ddress:	0.11	
	Street address	City	
Student Email:	. <u> </u>		
Change in Employment			
Name of Previous Employer: Employment End Date:			nd Date:
Name of New B	Employer:		
Company EIN:			
Company Addr	ress:		
Number of hou	r's student will work per week:	_	
	rvisor:		
	oyment: Start date:		
Brief Position Description: (you may also attach a copy of the position description from the employer)			
	Other U	pdate Requests	
-	sting to end my OPT status so that I	can begin a new educational prog	ram at SUU. (Include
	cation Level form.)		
	sting to end my OPT status so that I	can begin a new educational prog	ram at a new school.
<u>`</u>	fer out Request form.)	Lam leaving the United States	
	sting to end my OPT status becauseRequested completion date:		
	requested completion date.		
Signature	Print N	lame	Date
Office Use:			-
Cilioc Coc.	Date Received:	Initials of	DSO:
	Date Request Completed:		