



International Student Services Office

OPT Employer Information

Student Information	Date Submitted: _____
Name: _____	Primary Email: _____
U.S. Address: _____	Telephone: _____

Please complete the below information regarding your employer. Do not forget to report every employer to the DSO and report any changes in employment throughout your time on OPT.

Employer Name: _____

Employer Address:

Street Address: _____ Suite/Floor: _____

City: _____ State: _____ Zip Code: _____

Employer EIN: _____ - _____

Job Title: _____

Start Date: ____ / ____ / ____ (MM/DD/YYYY)

End Date: ____ / ____ / ____ (MM/DD/YYYY)

How many hours a week are you working at this job? _____

How is this job related to your major and coursework?

Supervisor Information:

First Name: _____ Last Name: _____

Email Address: _____ Telephone Number: _____