



OPTIONAL PRACTICAL TRAINING UPDATE FORM

This form must be submitted **EVERY TIME YOU HAVE ONE OR MORE OF THE CHANGES LISTED BELOW** while you are still on post-completion OPT. CHECK ONE OR MORE BOXES BELOW to indicate any and all change(s) or update(s) you are reporting to the International Office AT THIS TIME.

STUDENT NAME

BIRTHDATE

SID NUMBER

SEVIS ID

U.S. ADDRESS

CITY

ZIP

EMAIL ADDRESS

PHONE

Type of OPT: Pre-OPT: Post-OPT: Stem 24 Month Ext

- EAD CARD ISSUED** - My EAD card has been issued and I am attaching a LEGIBLE copy of it. (please note: If we do not receive a copy of your EAD card, your SEVIS record will auto-complete resulting in loss of legal status and consequently loss of employment authorization.)

CHANGING JOBS (notify us about EVERY OPT job change within 10 days of the employment start date)

- ENDING current employment of:**
Previous Employer Name: _____
End Date of Previous Employment: _____
- STARTING new employment:**
Start Date of New Employment: _____
Job Title & Description of Duties: _____

New Employer's Name

Supervisor's Name

Supervisor's Phone

Employer's Address

Supervisor's Email

OPT EMPLOYMENT RECORD - I am notifying you above of the start and/or end of an OPT job. If reporting information on more than one OPT job at this time, attach a separate page for the additional jobs and include all applicable information requested above.

I have reviewed all of the information noted on this form and I certify that all information provided on this form is accurate to the best of my knowledge and judgment.

Student Name

Signature

Date

Please allow 5 business days for processing. You will get an email when your document is ready.