

Per federal regulations, any changes must be reported in 10 days. Please complete this form to report your employer information. If an employer is not reported in 90 days of EAD authorization, the SEVIS record will be terminated. If you need to change your contact information, please use the Record Change Form.

Optional Practical Training Report Form

Name:	
Student ID:	

Employer Information

Employer Name:
Employer EIN:
Job Title:
Start Date (mm/dd/yyyy):
End Date (mm/dd/yyyy):
Full Time / Part Time: <small>(Full Time: more than 20 hours/week) (Part Time: 20 or less hours/week)</small>
Employer Address:

Supervisor Information

Last Name:
First Name:
Telephone Number:
Email Address:

OPT Justification

Please describe how employment is related to your course of study.

I certify that this change is accurate and authorize ISP to make this change.

Signature	Date:
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ISP Office Only

<input type="checkbox"/> SEVIS record updated	Completed by:
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