KUTZTOWN UNIVERSITY

OPTIONAL PRACTICAL TRAINING (OPT) EMPLOYER REPORTING FORM

FORM INFORMATION

This form provides the Office of International Education and Global Engagement with information about your OPT Employer. A DSO will update your employment information with SEVIS and will provide you with an updated Form I-20.

STUDENT & INTERNSHIP/PRACTICUM INFORMATION

NAME: _____ **KU ID**: _____

MAJOR(s): _____

OPT EMPLOYMENT INFORMATION

JOB TITLE: _____

CONFIRMED START DATE OF EMPLOYMENT OPT: _____

CONFIRMED END DATE OF EMPLOYMENT OPT: _____

TYPE OF OPT: ☐ Full-time status: More than 20 hours/week. ☐ Part-time status: 20 or less hours/week.

EMPLOYER EIN NUMBER: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

SUPERVISOR NAME: _____

EMAIL: _____ **PHONE NUMBER:** _____

PROVIDE A BRIEF DESCRIPTION OF HOW THIS EMPLOYMENT IS RELATED TO YOUR MAJOR COURSE OF STUDY:

STUDENT SIGNATURE & DATE: _____