

Copy of OPT Card & Information needed

Student Name: _____

SEVIS ID: _____

Explain how employment is related to student's course of study.

Employer Name: _____

Employer EIN (highly Recommended) _____

Job Title: _____

Start Date: _____

End Date: _____

___ **Full time: more than 20 hours/week**

___ **Part time: 20 or less hours/week**

Employer Address: _____

Supervisor Information

Last Name: _____ **First Name:** _____

Telephone Number: _____ **Ext.** _____

Email Address: _____