



OPT PARTICIPATION - VALIDATION REPORT
ALL THE FIELDS ARE MANDATORY

I. STUDENT INFORMATION

1. LU ID:	2. Email:	3. Date of birth (mm/dd/yy): / /		
4. SEVIS Number: N		5. OPT OPT Stem Extension		
6. Last Name (CAPITAL):		First Name:		
7. Address:	8. Apt:	9. City:	10. State/Zip:	11. Telephone:
			/	() _____

II. EMPLOYER INFORMATION

12. Company Name:		13. Company EIN(HIGHLY RECOMMENDED):	
		-	
14. Address:			
15. Current Employment Dates (mm/dd/yyyy):			
Start Date (___/___/___) End Date: (___/___/___)			
16. Supervisor's Name:		17. Student Job Title:	
18. Telephone No: Ext:		19. Email:	
20. Employment Status:		Employed by Company	
Self Employed		Part Time : 20 or less Hours/Week	
Full time : More than 20 Hours/Week			
21. Previous Employment Information (if any):			
Name: _____ Employment Duration: (___/___/___) - (___/___/___)			
(mm/dd/yyyy) Start date End date			
22. Required Statement: Explain how employment is related to your course of study. MAX 1000 CHARACTERS. Please e-mail the document in "Microsoft word" or other processing format that will enable ISSO to cut and paste the statement to your SEVIS record.			

By signing this form I certify that this regulation has been explained to me and that I am responsible by Federal Regulations to report my employer's information to the International Student Service Office (ISSO) as soon as I obtain and/or change employment and/or any changes in employer's information occurs. I also understand that I must use this form to report such changes to ISSO, and that the ISSO will make this form available to me upon my request.

Student's Signature: _____ Today's Date: _____