



International Student Office

OPT Post-Completion Reporting Form

\*(Required Field) PLEASE TYPE YOUR ANSWERS AND SEND BACK AS ATTACHMENT WITH YOUR RESPONSE.

[Empty text box]

\*(SURNAME/PRIMARY NAME ALL CAPS) - Must match machine readable zone on passport. If ONE name only: add all to HERE.

[Empty text box]

\*(Given Names)- Must match machine readable zone on passport. If ONE name only: leave this field blank.

\*CWID # [ ] \*Date of Birth: [ ] \*Phone# [ ]

\*Home Address: [ ] (Street) (City) (State) (Zip)

\*Graduation: Semester [ ] Year [ ] \*I-20 Major: [ ]

\*Employment start date: [ ] \*End Date: [ ]

\*Part-time [ ] \*Full-time [ ]

\*Employer (Company) Name: [ ]

\*Employer Address: [ ] (Street) (City) (State) (Zip)

\*Job Title: [ ] Employer EIN (Highly Recommended) [ ] [ ]

Supervisor LAST Name, First Name(s) [ ] Phone# [ ] Email [ ]

Student Remarks (How employment relates to major on OPT I-20) [ ]

Signature: [ ] Date: [ ]

By typing my name here I confirm that all the information in this form is true.