

Current Department of Homeland Security (DHS) Classification: F-1 J-1
 H-1B Permanent Resident
 Other, please indicate: _____

Note:

If you have applied for or been approved for a change of status from F-1, please provide OIA with a copy of the receipt or approval notice received from U.S. Citizenship and Immigration Services.

Current OPT start and end dates: _____
OPT Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

I have been granted a 17-month STEM OPT extension? Yes No

If yes, please provide extension start and end dates: _____
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

I am the beneficiary of a cap gap extension? Yes No

I am reporting a termination of my employment or a departure from my employment: Yes No

If yes, complete Section III: Previous Employer Information

Section II: OPT Employer Information

Employer's Name

Address: Street City State Zip Code

Telephone Number

I am employed at the employer listed above: Full-time (more than 20 hours per week) OR
 Part-time (20 hours or less per week)

Job Title at the Employer listed above

I have been/will be employed at the location above effective: _____
Employment Begin Date (MM/DD/YYYY)

Supervisor's Name

Supervisor's Email Address Supervisor's Telephone Number

Internal Revenue Service (IRS) Employer Identification Number (EIN) – Please contact your supervisor or the Human Resources Office for this information. Also, please note that the Employer Identification Number is different from the E-Verify number.

Please provide a brief statement below that describes how the employment listed in Section II is related to your major area of study at UHealth:

If you have been granted a 17-month STEM OPT extension, please provide the information below:

Employer's Name as listed in E-Verify

Employer's E-Verify Company Identification Number and/or a valid E-Verify Client Company Identification Number

Section III: Previous Employer Information



Please complete this section if you have changed employers during your period of approved optional practical training.

Employer's Name

Address: Street

City

State

Zip Code

Telephone Number

I was an employee at the location above from:

Employment Begin Date

Employment End Date



Student's Signature: _____

Date: _____