



OPT Employer Information

Purpose: *This form is intended for UNVA students with Optional Practical Training authorization. A recent change in reporting requirements mandates that students on Optional Practical Training report specific information regarding employment to their school every six months. Please complete this form once initially or each time that you change, add, or terminate employment, and then once every six months. Please complete this form as needed with the required information and return to the Office of International Students via mail or fax. Scanned copies are also acceptable through email. Keep in mind that this form does NOT replace the AR-11 – you still must file the Form AR-11 any time that you change your residential address. Please include a copy of your OPT card and current employer Offer letter.*

Office of International Students
7535 Little River Turnpike Suite 100 A
Annandale, VA 22003
Phone (703) 941-0949 Fax (703) 941-0893
Email: OISA@unva.edu

SEVIS Number: N _____

Name _____
Family Name First Middle

Student ID _____ Date of Birth _____ Email address _____
MM/DD/YY

Current Address _____
Street Address City State Zip

Approved OPT employment dates (located on employment card) _____ to _____
MM/DD/YY MM/DD/YY

___ I am currently employed at the following business and I understand that I must report any changes to this information in a timely manner to the Office of International Student:

Company #1 Name _____

Employer Address _____
Street Address City State Zip

Employment begin date _____ Employment end date _____ Check if volunteer work
MM/DD/YY MM/DD/YY

Position title _____ E- verify no. _____

___ I am not currently employed, but I am actively searching for employment and I understand that I must report any and all employer information to the Office of International Student in the event that I do find work.

Previous employment information:

Company Name _____

Employer Address _____
Street Address City State Zip

Employment begin date _____ Employment end date _____ Check if volunteer work
MM/DD/YY MM/DD/YY

Position title _____ E- verify no. _____

Student's Signature _____ Date _____