



OPT Employer Information Form

Change in employer must be reported to the International Services within 10 days.

Date: _____

Name (Last, First, Middle): _____

Date of Birth (mm/dd/yyyy): _____

Job Title or Position: _____

Job start date (mm/dd/yyyy): _____

Full Time/Part Time: _____

Major: _____

Briefly explain how your job related to your course of study:

Employer Name: _____

Employer EIN: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Telephone Number: _____

Supervisor's E-mail _____

Student's Current Address: _____

Student's Current Telephone Number: _____

Student's Current E-Mail Address: _____

Please return form to:
Donna Warner
International Services, MSC-207
Email: warnerd@wcsu.edu