



## Optional Practical Training 24 – Month Extension Form

**To be completed by the Student:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SEVIS ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Major: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Full Time/ Part Time: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Employment Information:**

Employment Start Date (MM/DD/YY): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer EIN: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Contact Phone: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

**By signing below, I certify that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_