



OPT Student Information Form

**Student Information**

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

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

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

OPT Dates: \_\_\_\_\_ To \_\_\_\_\_

Program of Study: \_\_\_\_\_

Date Received \_\_\_\_\_

DSO \_\_\_\_\_

OPT Request

OPT Approved

Initial Update

6 month check

**Employer Information**

Name of Organization/Employer: \_\_\_\_\_ Date Hired: \_\_\_\_\_

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

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

Supervisor Title: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Employer EIN: \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How position/offer of employment relates to program of study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Position Title: \_\_\_\_\_

Have you been unemployed after your OPT authorized start date? YES \_\_\_ NO \_\_\_  
If yes, for how many days? \_\_\_\_\_ \*Students cannot exceed more than 90 days of unemployment\*

\_\_\_\_\_ I understand that it is my responsibility to check my COA email during my OPT period and respond to emails from College of The Albemarle Designated School Officials in a timely manner.

\_\_\_\_\_ I understand failure to complete the 6 month check in form within the allotted time will result in the termination of my OPT authorization by SEVIS. This is a SEVIS termination and not done by COA officials.

\_\_\_\_\_ I understand that I cannot exceed 90 days of unemployment. If I am unemployed for an excess of 90 days my OPT will be terminated and I will need to leave the US or seek another status.

\_\_\_\_\_ I understand I am allowed to have multiple employers but all must be reported to my DSO and all must relate to my program of study.

\_\_\_\_\_  
Student Signature Date DSO Signature Date