

OPT Employment Update Form

The following information must be completed by all students once your OPT has been approved, employment authorization card is received, and employment is received.

Student Information		
Last Name:	First Name:	
Degree Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	Student ID#: Z	
Personal Email:	Telephone:	
Living Address:		
City:	State:	Zip Code:

Employer Information		
Employer Name:		
Employer Address:		
City:	State:	Postal Code:
Employer Telephone:	Employer Email:	
Supervisor Name:	Supervisor Title:	
Job Title:		
Start Date:	End Date:	Number of Hours Working Per Week:
Employer's EIN:	E-Verify #:	

☐ I hereby certify that I will inform the IS office of any change of employment, as soon as I have received a job offer.

Student Signature:	Date:
---------------------------	--------------

(Please return this form to the: **International Services**, Email: iss@fau.edu , Phone: 561-297-3049)