



The University of Illinois at Springfield
Office of International Student Services

F-1 International Student
Optional Practical Training Employer Report

(Please print clearly)

Family Name: _____ Given Name: _____
UIN: _____ SEVIS #: _____
Local Street Address: _____
City / State/ Zip Code: _____
Telephone: _____ E-mail: _____
Major: _____ Degree: _____
OPT Start Date: _____ OPT End Date: _____

Please ask your employer to complete the remainder of this form and to mail it, fax it, or send it as an e-mail attachment to the Office of International Student Services* any and every time there is a change in your employer, your employer’s address, your title, or your job status.

I understand that federal immigration regulations require that all employers of F-1 visa holders report to a Designated School Official the ongoing employment status of students hired under Optional Practical Training. I, therefore, confirm that the above-named student is/was (circle one) employed by my company in the position of _____. Said employment began _____ (date) and ended/will end (circle one) _____ (date).

Signed Date

Print name Phone

Company name

Street Address City, State, Zip

*Please return this form to:

Office of International Student Services
University of Illinois at Springfield
One University Plaza, MS HRB 52
Springfield, IL 62703 -5407

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