OPT Student Employment Report

Graduate International Student Admissions and Services

ADM 345 • The University of Texas at Tyler • 3900 University Blvd. • Tyler, TX 75799 Tel: (903) 566-7447 • Fax: (903) 566-0830 • igs@uttyler.edu



This form is to be used by F-1 students currently participating in authorized optional practical training. Students should use this form to notify the UT Tyler Graduate International Student Admissions and Services Office of any changes that require reporting to the USCIS through SEVIS. Observing F-1 reporting requirements is an essential part of maintaining F-1 status during OPT.

INSTRUCTIONS

- 1. Complete, print, sign and date this form.
- 2. Save a copy of the form for your personal records.
- 3. Send the form to UT Tyler Graduate International Student Admissions and Services via email at <u>igs@uttyler.edu</u> or by fax at (903) 566-7492.
- 4. Allow approximately 3 days for the update to be processed. You will receive an email confirming your form has been processed.

STUDENT INFORMATION			
Student Name:	UT Tyler Student ID:		
Current Residential Address:	City	ST	Zip Code
Current Email Address:	Current I-94 Number:		
Current Authorized OPT Period: Start Date:// End Date	te://		
Attention students on 17-month OPT extension: If your new OPT card was delivered to an address other than the UT Tyler Office of Graduate Admissions, you must provide a copy of your new OPT card to Graduate International Student Admissions and Services. Email to <u>igs@uttyler.edu</u> , fax to (903) 566-7492, or submit in person.			
REASON FOR REPORT:			
Employment/unemployment change OPT Extension Validat	tion Report - 🛛 Initial Applicati	on 🗆	I 6-month □ 12-month
	g US Change of non-imn		
		iigiant	
CHECK AND COMPLETE ALL THAT APPLY (Please print clearly.)			
□ I am currently employed. Employment start date:/ Employer Name:			
Employer Address:			- Via Cada
		Z	
□ I am currently employed as an unpaid volunteer or intern doing work r	elated to my field of study. Not	a 17-Mc	onth extension option.
Employment start date:// Employer Name:			
Employer Address:	City ST	ſZ	ip Code
□ I am self-employed.			
Business Name:			
Business Address:		Zi	ip Code
\Box I am not employed, starting from/ to/			
□ I will discontinue my period of OPT in order to begin a new academic program on//			
□ I will discontinue my period of OPT and depart the US on //			
□ I have changed my visa status to, with the I-94 effective date of/ Attach a copy of the approval notice/I-94.			
Signature:	Date:		
For Office Use: Rc'd Apprv'd SEVIS Updt	'd PS Updt'd		Stu Ntf'd