



OPT Employment Form

Student Information:

Given & Family Names:	U.S. Phone Number:
U.S. Home Address:	

Employer Information:

1. Business/Company/Organization Name: _____
2. Employer Identification Number (EIN): _____
3. Your Job Title: _____
4. Start Date: _____ End Date (of previous employer - if any): _____
5. Full-Time/Part-Time:
 Full-time: more than 20 hours per week Part-time: 20 or less hours per week
6. Work Site Primary Address: _____
Secondary Address (if any): _____
7. Explain how this job is related to your course of study (degree):

Supervisor Information:

1. Supervisor Name: _____
2. Phone Number: _____ and/or Email: _____

Acknowledgement Information:

To meet the requirements as an F-1 International Student at Loma Linda University (LLU), I, _____, agree that:

Student Given and Family Names

1. I will make sure my employment information, home address, and phone number are current. I will make any changes and/or additions in my SEVP Portal account or inform International Student & Scholar Services Office.

I understand that failure to meet any of the above requirements may result in termination of my OPT and F-1 immigration status at Loma Linda University.

Student Signature

Date

ISSS Sign & Date