

Optional Practical Training (OPT) Employer Information

This form is to be used for F-1 International Students seeking post-completion Optional Practical Training (OPT) or changing employers while currently engaged in OPT. This includes students currently on the STEM OPT extension.

OPT Request: Employer Information

Employer Name (business/company name): _____

Employer EIN (highly recommended): _____ Are you self-employed? Y N
(EIN: Employer Identification Number)

Employer Address: _____

Job Title: _____ Estimated hours per week: _____

Employment Start Date (mm/dd/yyyy): _____ End Date (optional) (mm/dd/yyyy): _____

Optional: Supervisor Information Supervisor Full Name: _____

Supervisor Email Address: _____ Supervisor Telephone Number: _____

Required: Explain how this employment is related to your course of study at RWU:

If Changing Employers During OPT

Previous Employer Name: _____

End Date of Previous Position: _____