



Optional Practical Training 24 – Month Extension Form

To be completed by the Student:

First Name: _____ Last Name: _____

SEVIS ID #: _____ Date of Birth: _____

Degree Earned: _____ Major: _____

Job Title or Position: _____

Full Time/ Part Time: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone Number: _____

Employment Information:

Employment Start Date (MM/DD/YY): _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Employer EIN: _____

Supervisor's Name: _____

Supervisor's Contact Phone: _____

Supervisor's E-mail: _____

By signing below, I certify that the information provided above is true and correct.

Signature: _____ Date: _____