



International Student Program

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POST COMPLETION OPT REGISTRATION FORM

F-1 students authorized by USCIS to engage in Post Completion OPT are required to report their employment information as well any change of name or address, or interruption of such employment to the DSO within 10 days of the change for the duration of the authorized training.

Name: _____

Student ID #: _____

Student Address

My local address is:

City: _____

State: _____

Zip Code: _____

Local Phone # (Residence) _____

Cell Phone (if any) _____

E-mail: _____

Employment Information

Employer EIN: _____

Employer's Name: _____

Supervisor Name: _____

Supervisor's Telephone Number: _____

Supervisor's E-mail Address: _____

Job Title: _____

Employer's Address: _____

City: _____

State: _____

Zip Code: _____

Employment Dates: _____ to _____

Work Schedule: _____

Explain how the employment is related to your course work: (attach another sheet if necessary)

Student Signature: _____

Date: _____

For Office Use Only: Registered in Banner? _____ Registered in SEVIS? _____