OPT Employer Information Form

Employer information must be reported to the International Student and Scholar Services (ISSS) within 10 days.

Date: _____

Name (Last, First, Middle): _____

Date of Birth (mm/dd/yyyy): _____

Job Title or Position: _____

Job Start Date (mm/dd/yyyy): _____

Full Time/Part Time: _____

Briefly explain how your job related to your course of study:

_____

_____

Employer Name: _____

Employer EIN: _____

Employer Address: _____

_____

Supervisor's Name: _____

Supervisor's Telephone Number: _____

Supervisor's E-mail: _____

Student's Current Address: _____

_____

Student's Current Telephone Number: _____

Student's Current E-Mail Address: _____

Please return form to:
Toyin Ayeni - Associate Director
Center for International Education – Henry Bernard Hall – Room 406
Email: ayenio@ccsu.edu