OFFICE OF INTERNATIONAL AFFAIRS

3301 College Ave | Fort Lauderdale, FL 33314 Horvitz Administration Building, Room 253

+1 (954) 262‐7240 | intl@nova.edu

[www.nova.edu/internationalaffairs](http://www.nova.edu/internationalaffairs)

F-1 Post Completion Optional Practical Training (OPT) Reporting Form

**PROCESSING TIME FOR ALL OIA DOCS: 5-10 BUSINESS DAYS**

Document: OPT Reporting Form / Revised: March 2022

INSTRUCTIONS: The Student and Exchange Visitor Program (SEVP) requires the Office of International Affairs to obtain and report information for F-1 Status Students who are participating in OPT. Please send the completed form to intl@nova.edu.

‐ Part I – Student Information (To be completed by student) – Page 1

‐ Part II – Employment Information (To be completed by student) – Page 2

‐ Part III – Confirmation of Understanding (To be completed by student) – Page 2

Check the type of OPT Reporting:

* New Employment Information
* End of a Previous Job
* New Personal Information

**Failure to report employment is considered a violation of F-1 regulations and can jeopardize your F-1 status or future immigration benefits.**

**Part I: Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First (Given)Name: |  | Last (Family) Name: |  |
| NSU N#: |  | SEVIS ID: | N |
| Email address: |  @mynsu.nova.edu | U.S. Telephone: |  |
| Current Address: (Street, City, State, Zip) |  |
| Mailing Address: (Street, City, State, Zip) |  |
| Non‐NSU email address where you can becontacted: |  |

**Part II: Employment Information**

|  |  |
| --- | --- |
| I am currently employed | **□**Yes **□**No |
| Company Name |  |
| Company EIN Tax ID |  | Hours Per Week(must be at least 20 for OPT) |  |
| Paid or Unpaid | **□**Paid **□**Unpaid | Have you had 90 days or fewer ofunemployment? (Required for OPT) | **□**Yes **□**No |
| Job Title |  |
| Please describe in 2-3 sentences how this job is related to your major: |  |
| Start Date(MM/DD/YYYY) |  | End Date(MM/DD/YYYY) |  |
| **Supervisor Information** |
| First (Given) Name: | Last (Family)Name: |
| Job Title |  |
| Email Address: | Telephone: |
| Employer Address:(Street, City, State, Zip) |

**Part III: Confirmation of Understanding**

I have read and understand the following: (initial next to EVERY statement)

**OPT Acknowledgements**

* My F-1 status on OPT is dependent on employment. I must be working at least 20 hours per week and all OPT employment must be directly related to my field of study. I may not accrue an aggregate of 90 days of unemployment, applied to the entire 12-month period of OPT.
* I am required to report any change of address, contact information, or employment information to OIA within 10 days of the change.
* I will inform OIA if I want to return to school full-time, transfer to another school, begin a new degree program, change my status to another visa category, or depart the U.S. prior to the end of my STEM OPT.

## I confirm that all the information provided in this application is accurate to the best of my knowledge.

Name (print) Signature Date