A picture containing text, sign, close

Description automatically generatedOFFICE OF INTERNATIONAL AFFAIRS

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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](mailto: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 be  contacted: | |  | | |

**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 of  unemployment? (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