

OPT Student & Employer Information

ANTIOCH
UNIVERSITY
SANTA BARBARA
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This letter is to inform you that, pursuant 8 CFR 214.2(f)(12), The Department of Homeland Security is now requiring us to report the following information for students who are currently on Optional Practical Training.

1. Your current address
2. Name and address of employer
3. Dates of employment
4. If you move or have any changes in dates or place of employment you have **10 days** to notify us of any changes

Please complete the information requested below and return this form to Antioch University Santa Barbara's Office of Student Services.

STUDENT INFORMATION

Student Name: _____ SEVIS ID: _____

Student Address: _____

Phone Number: () _____

Email Address: _____

EMPLOYER INFORMATION

Employer Name: _____

Supervisor Name: _____

Employer Address: _____

Supervisor Email: _____

Dates of Employment: from _____ to _____

Please describe how your employment relates to your field of study:

I am currently unemployed.

Note: If you have worked for more than one employer, please submit a new form for each employer.

Student Signature

Date