

OPT Student & Employer Information

ANTIOCH
UNIVERSITY
SANTA BARBARA
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The Department of Homeland Security requires 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 (studentservices.ausb@antioch.edu)

STUDENT INFORMATION

Student Name: _____ SEVIS ID: _____

Student Address: _____

Email Address: _____ Phone Number: _____

EMPLOYER INFORMATION

Employer Name: _____ Supervisor Name: _____

Employer EIN: _____ Supervisor Email: _____

Employer Address: _____ Supervisor Phone: _____

Job Title: _____

Dates of Employment: from _____ to _____

Please mark one:

Full Time (more than 20 hours/week) Part Time (20 or fewer hours/week)

Describe how your employment relates to your field of study:

Note: Please submit a new form for each employer.

Student Signature

Date