

**OPTIONAL PRACTICAL TRAINING
STUDENT INFORMATION**

Student _____

SEVIS NUMBER: _____ **A#** _____

EAD Valid Dates: _____

Residence Address _____

Mailing Address if different than residence: _____

Telephone Number: _____

Email: _____

Employer: _____ **% Time** _____

Address: _____

Telephone Number: _____

Employer: _____ **% Time** _____

Address: _____

Telephone Number: _____

Signature: _____ **Date:** _____