



# STANTON UNIVERSITY

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## Optional Practical Training Employment Verification Form

Optional Practical Training (OPT) is an option for students to gain authorization for off campus employment. OPT allows students on F-1 visas to work up to twelve months anywhere in the United States in a field related to his/her major. Students may not work without prior authorization. Engaging in unauthorized employment may result in termination of status and deportation. It is the student's responsibility to follow all rules and regulations regarding employment.

### BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	Stanton University (SU) ID Number
Current Resident Address	
Academic Program or Degree	

Has any of your personal information changed (U.S. address, phone number, etc.)?  Yes  No  
If so, please update your information in Access immediately. All updates must be made within ten (10) days of change.

Have you departed the United States and wish to complete your OPT status?  Yes  No

Please indicate any dates of **unemployment** \_\_\_\_\_ Total Days Accrued \_\_\_\_\_

Are you self-employed?  Work for Hire  Business Owner

If not self-employed: please have your supervisor complete the portion below, or submit a letter on company letterhead containing this information.

### ***SUPERVISOR: PLEASE COMPLETE THIS PORTION AND RETAIN COPY OF FORM FOR DURATION OF EMPLOYMENT***

STUDENT'S JOB TITLE _____	<input type="checkbox"/> PAID POSITION	<input type="checkbox"/> VOLUNTEER
EMPLOYMENT START DATE _____	EMPLOYMENT END DATE _____	
HOURS PER WEEK _____	MUST BE AT LEAST TWENTY (20) HOURS A WEEK	
COMPANY NAME _____		
COMPANY ADDRESS _____		
By signing below, I attest the above to be true and correct. I understand that it is the student's responsibility to follow all rules and regulations regarding employment. I will contact the International Office with any questions regarding students' eligibility to work.		
SUPERVISOR'S NAME _____	E-MAIL & PHONE _____	
SUPERVISOR'S SIGNATURE _____	DATE _____	

I understand that I am responsible for complying with my student visa regulations in addition to any applicable federal, state, and local laws and regulations as well as SU's policies regarding employment. I understand that a violation of my visa status may result in termination of my record and possible deportation.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PDSO/DSO Name:	Signature:	Date:
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