



LOS ANGELES CITY COLLEGE
INTERNATIONAL STUDENT PROGRAM

OPTIONAL PRACTICAL TRAINING (OPT) REPORTING FORM

Submit a copy of your OPT EAD card to the ISP with this OPT Reporting Form.

- Report your OPT within the first 10 days of the start date indicated on your EAD card to notify Department of Homeland Security (DHS) of your current address and employment status.
• Report anytime there are changes with your address and/or employment status while on OPT within 10 days.
• Keep documentation of your employment for your records.

Student Last Name: _____ First Name: _____ Middle Name: _____

Student ID: _____ SEVIS ID: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____ Gender (Check One): Male: _____ Female: _____

U.S. Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Major: _____ OPT Start Date (mm/dd/yyyy): _____ OPT End Date: _____

OPT EMPLOYER'S INFORMATION

(Please attach Employer's verification letter)

Employer's/Company's Name: _____

Job Title/Description: _____

Hours Per Week Employed: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Supervisor's Title: _____

Phone Number: _____ Email Address: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Are you self-employed? (Check One): Yes: _____ No: _____ If Yes, Job Description: _____

Self-Employment Street Address: _____

City: _____ State: _____ Zip Code: _____

Student's Signature: _____ Date (mm/dd/yyyy): _____