



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):