



Optional Practical Training (OPT) Employer Information

Full Name:

CFK Student ID #:

Your residential address:

Your phone number:

Name of Company:

Company's address:

Supervisor's name:

Supervisor's phone number:

Supervisor's email address:

Job Title(s):

Explanation of how your job(s) relates to your major area of study at CFK:

Employer EIN:

Hours of work: Part-time Full-time

Start and/or end dates of employment:

Any periods of unemployment:

I certify I understand the above stated responsibilities that are required of me while engaged in optional practical training (OPT). I agree to provide to CFK's DSO/PDSO the required information stated above and understand that failure to do so can result in a violation of F-1 status and subsequent termination of my SEVIS record. I must also contact CFK's DSO/PDSO immediately if any of this information is to change.

Signature

Date

Return form to the International Student Office:
The College of the Florida Keys
5901 College Road, Key West, FL 33040
international.students@cfk.edu