Employment End Date: (MM/DD/YYYY)

Full Time: More than 20 hours/week     Yes____ No______
Part Time: 20 hours or less/week       Yes____ No______

Employer’s Full Address:

SUPERVISOR INFORMATION:

Last Name:
First Name:
Telephone Number: Extension:
Email Address:

If available, provide a copy of supervisor’s business card.

_I, _________________________, CERTIFY THAT THE EMPLOYER/SUPERVISOR INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE WORK BEING DONE, AS SPECIFIED ABOVE IN PART 1 (ONE), BY THE STUDENT IS DIRECTLY RELATED TO THE STUDENT’S MAJOR._

Print Name: _____________________________________
Signature: ______________________________________
Date: ____________________

Please return the original signed form using a safe medium that will not compromise student and employers’ information to:

Denise V. Allison, Haverford College, International Student Support Office,
Stokes Hall 111-B, Haverford, PA 19041-1392
Fax Number: 610-896-1159

Contact Number: 610-896-2960
Email: dallison@haverford.edu
Employment: Accurately explain (IN DETAIL) how employment is related to the student’s major using a maximum of 1000 characters. THE EXPLANATION SHOULD NOT BE GENERALIZED OR ABBREVIATED. (Note that the statement regarding the relationship of employment to major provided by the writer [student] will be quoted in the SEVIS system.)

I, _____________________, certify that the information provided above is true and correct to the best of my knowledge. In addition, I hereby agree that should I engage in employment that is outside of my major, I will accept full responsibility of my actions and that the International Student Services Office at Haverford College will not be liable for my actions.

Student’s Name (Print) _______________________________

Student’s Signature _______________________________ Date: _______________

PART 2 (Employer should complete)

EMPLOYER INFORMATION:

Self-Employed Yes _____ No ____

Employer’s Name:

Employer’s EIN Number:

Job Title of Student:

Employment Start Date: (MM/DD/YYYY)
The Department of Homeland Security, which is responsible for the Student and Visitor Exchange Program, requires the school (Haverford College) to continue to maintain records on the student for the full period of OPT (Optional Practical Training). The details of these rules can be found in the Code of Federal Regulations, Title 8, and Sections 214.2(f) (10) to (f) (13) and 214.2(m) (14). The CFR has been amended and the sections relevant to OPT are available at www.ice.gov/sevis (the SEVP Website).

Please provide the following information in order to update the SEVIS record as required by U.S. Immigration and Customs Enforcement under the Student and Exchange Visitor Program (SEVP).

____________________________________________________________________________

Check one: Is this report for Pre-Completion or Post-Completion Optional Practical Training?

Pre-Completion OPT _____
Post-Completion OPT _____

Attach a copy (front and back) of the Employment Authorization Document (EAD) to the last page of this report to be placed in your student file.

____________________________________________________________________________

PART 1 (Student should complete)

First Name_________________ Middle_________________ Last______________

Student’s SEVIS Number: ________________ Class Year ________________

Physical Address: _____________________________________________________
______________________________________________________________

Mailing Address if different from Physical Address: ______________________________
______________________________________________________________

Telephone/Cell Number: _________________________________

E-mail address: ___________________ Secondary E-mail Address: ___________________

If you have two majors, choose only one for your practical training. Take note of what is on your I-20 Form.