

Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

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 Nama		First/Middle Nome
Family Name		First/Middle Name
SEVIS ID Number		SMU 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		□ PAID POSITION □ 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.		
		& 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 SMU'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:/_/
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ISSS Name:	Signature:	Date: