

F-1 OPT Extension-Employment List

Student's Name: _____ SEVIS ID: _____
Last First Middle

LIST FROM THE MOST CURRENT EMPLOYER TO THE OLDEST:

1. Employer's Name: _____
Employer's Address: _____
Telephone Number: _____ Fax Number: _____
Supervisor's Name and Title: _____
Job title and description of duties: _____

Start Date and End Date (MM/DD/YY): _____
2. Employer's Name: _____
Employer's Address: _____
Telephone Number: _____ Fax Number: _____
Supervisor's Name and Title: _____
Job title and description of duties: _____

Start Date and End Date (MM/DD/YY): _____
3. Employer's Name: _____
Employer's Address: _____
Telephone Number: _____ Fax Number: _____
Supervisor's Name and Title: _____
Job title and description of duties: _____

Start Date and End Date (MM/DD/YY): _____

I hereby certify that the information that I have provided is true and correct to the best of my knowledge.

Student's Signature

Date

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