

Optional Practical Training (OPT) Information Sheet
Auburn University, Office of International Programs 2014-2015

Date Stamp

Last Name: _____ **First Name:** _____

Auburn ID No.: _____ **SEVIS ID No.:** _____

Current address: _____

City: _____ **State:** _____ **Zip Code:** _____

Auburn Email: _____ **Personal Email:** _____

Department: _____ **Degree level of study:** _____

Type of OPT Requested: ___ Post-completion 17 Month Extension **Requested OPT Start Date*:** _____

Location of Optional Practical Training:

Name of Employer/Company: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Email:** _____

Start Date: _____ **Position:** _____

Supervisor: _____ **Phone/email:** _____