

International Students Office Division of Student Affairs Phone: (212) 772-4864

## Dear student:

According to new Immigration rules for students holding F-1 status/visa engaging in Optional Practical Training must be working, and not spend more than three months out of the twelve months OPT date period unemployed. The employment can be paid or non-paid (volunteer) and the very moment that you have an employment, you must contact us with information about your employer and beginning date at the job. Similarly, if you have left the employment place that you provided us with, you must contact us and let us have the information about your new employer and the beginning date of employment there. Also, let us know when you have stopped engaging on Optional Practical Training.

For example, you can let us know that you are:

- □ No longer working because you have transferred your SEVIS I-20 to another school or started a new program
- □ Change of status from F-1 to \_\_\_\_\_\_ status
- **Returning back home**
- □ Other\_\_\_\_\_(Please specify)

This needs to be done so that you are not faced with any problems with ICE (Immigration and Customs Enforcement)

On the other side of this paper is the **OPT validation form.** Please fill it out and submit it to the staff of the International Students Office or E-mail it to us with your last name and first name in the subject line at intlss@hunter.cuny.edu

Along with a scan copy of your Employment Authorization Card (front and back)

or mail these two items to us:

Hunter College 695 Park Avenue, Room 1109 HE New York, NY 10065 Attention: International Student Office staff

Please get this done as soon as possible. We must have this information in our office at least two weeks before the 3 months grace period.

If you failed to provide us with an OPT validation form filled out with your place of employment...you will automatically fall out of status.

If you need another Optional Practical Training validation form, you can make a request by e-mailing us at <u>intlss@hunter.cuny.edu</u> and we will attach it to you.

Please remove this page from the OPT package and keep it on a safe place until you are ready to provide us with the information.





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## **Optional Practical Training Validation Project**

## Information about the applicant engaging in Optional Practical Training. Last Name: Middle Name: First Name: Gender: Gender U.S. Phone Number: E-mail Address: Social Security #: SEVIS #: N000 U.S. Address: (Name and street address, [apt #, if applicable] in this line) State: City: Zip Code: **Employment Authorization Card for OPT Information** Card # A# Card valid from: Expires: Please provide information about all the employer(s) that you have had while engaging in Optional Practical Training, in chronological order Name of Supervisor: Name of Business: Address of Business: City: State: Zip Code: Beginning date of Employment: \_\_\_/\_\_/\_ Ending date of employment: \_\_\_/\_\_/\_ Name of Business: Name of Supervisor: Address of Business: City: State: Zip Code: Ending date of employment: \_\_\_\_ Beginning date of Employment: \_\_\_/\_\_ Name of Supervisor: Name of Business: Address of Business: City: State: Zip Code: Beginning date of Employment: \_\_\_/\_\_/ Ending date of employment: \_\_\_/\_

Your Initial: \_\_\_\_\_

Please submit the form electronically to BOTH of the following E-mail addresses <u>intlss@hunter.cuny.edu</u> or <u>iris.aroyewun@hunter.cuny.edu</u>