



OPT Employment Reporting

Student Name:

MSU ID Number:

Phone Number

E-mail

Date of Birth:

Street:

City:

State:

Zip Code:

Are you employed?

Yes

No

Are you Self-Employed?

Yes

No

Is this full-time employment (20 hours or more per week)

Yes

No

Employer Name

Employer EIN

Employer Address

City

State

Zip Code

Job Title

Start Date:

End Date:

Describe how this job relates to your field of study:

Supervisor Name

Supervisor Phone Number

Supervisor Email