

Office of the Registrar

Designated School Official for

Nonimmigrant Matters

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F-1 STUDENT OPT EMPLOYER UPDATE

• This form is to be used by Marywood University students who are currently on Post Completion OPT and are reporting new employment or a change in existing employment.

All information is required.

Student	Inform	ation
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ast Name (Surname)		First Name	Middle Name
Street Address	City	State	Postal Code
)		N _	
Preferred Contact Phone Number	E-Mail Address	SE	VIS ID Number (Must be eleven digits)
Employment History			
This is my first job on	Post Completion OPT.		
I had a previous job w	hile on Post Completion OPT ar	nd now I have a new jo	b.
I had a previous job w	hile on Post Completion OPT ar	nd now I am unemploye	ed.
Current Employment Infor	mation		
		F 1	MM / DD / YYYY
Company Name		Employment Start	Date:
company Name			
Street Address	City	State	Postal Code
Full Name of Supervisor			
an name or supernoon			Full Time: more than 20 hours/week
)			Part Time: 20 or less hours/week
Phone Number	E-Mail Address		
A verification letter from you	ır employer must be submit	ted with this form. T	he letter should be written on compar
	etterhead and state how yo	ur job is related to y	our degree.
Student Certification			
	true and correct to the best of my k	nowledge.	
affirm that the above information is	,		
affirm that the above information is		Date	