

**Supplemental Information for Optional Practical Training: SEVIS**

10/05

Name: \_\_\_\_\_

Current Address (*Where you are currently residing*):

\_\_\_\_\_

\_\_\_\_\_  
*(Please update with the MSU HUB if it is not current)*

List future address if known \_\_\_\_\_

Please add a non-MSU e-mail address so we can reach you after graduation:

\_\_\_\_\_

I-94 # \_\_\_\_\_

Please describe the proposed employment for practical training (*for example, "a position in the field of [major]"*)

\_\_\_\_\_

Beginning date: \_\_\_\_\_

*(These work on OPT. Start date must be the dates you want to work between your graduation date and 60 days after; End date maximum is 1 year from starting date)*

Ending date: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Current Semester (circle): Full-time or Part Time      Number of Credits: \_\_\_\_\_

If less than full-time, Reduced Course Load Form filed (circle): Yes No N/A

Date of anticipated graduation: \_\_\_\_\_

**List all periods of previously authorized employment training:**

Economic Hardship: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Curricular Practical Training: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Optional Practical Training: Start date: \_\_\_\_\_ End date: \_\_\_\_\_