

Complete this form and submit to your Designated School Official / Point of Contact for your employment information to be updated on your SEVIS record.

Students authorized for employment through the use of Post-Completion Optional Practical Training must report to his/her DeVry University Designated School Official / Point of Contact any change in employer (including the name and address of the employer) and any change in employment status within 10 days of the change.

**A. Student Information**

Student Last/Family Name (printed)		Student First Name (printed)	
Student SEVIS ID Number	Student DSI Number	Student Program Completion Date	
U.S. Address		City/State/ZIP Code	
U.S. Telephone Number		Email	

**B. Employment Information**

Select the appropriate update to your employment status and provide the required information.

<input type="checkbox"/> Initial/New Employment	<input type="checkbox"/> Self-employed Contractor/Temporary Worker
<input type="checkbox"/> Self-employed Contractor/Temporary Worker with Multiple Short Term Contracts	<input type="checkbox"/> Self-employed Business Owner

**Job Title:** \_\_\_\_\_

**Start Date of Employment (Month, Day, and Year):** \_\_\_\_\_

**Employer/Business Name:** \_\_\_\_\_

**Employer/Business Address:** \_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

**End of Employment**

**End Date of Employment (Month, Day, and Year):** \_\_\_\_\_

**Previous Employer/Business:** \_\_\_\_\_

**Leaving the United States and Completing F-1 Visa Status Prior to the Authorized Optional Practical Training End Date (60 days after the date listed on Employment Authorization Document).**

**Date of Exit from the United States (Month, Day, and Year):** \_\_\_\_\_

**C. Supervisor Information**

**Supervisor Last Name**

**Supervisor First Name**

**Telephone Number**

**Email Address**

**D. Related Coursework Comment**

**State the job description and describe how it is related to your field of study.**

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- \_\_\_\_\_  
\_\_\_\_\_

**E. Student Certification and Signature**

*I hereby certify that the information provided above is accurate and correct. I understand that failure to provide accurate contact information may result in a termination of my F-1 visa status.*

**Student Signature**

**Date**