

Optional Practical Training Employer Information Form

Student Information

Name: _____ Student ID: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Program of study: _____

Employment Information

Employer's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Position Title: _____
Employment Start Date: _____ Employment End Date: _____
Is this position: _____ Paid _____ Unpaid
Signature: _____ Date: _____

Submit a letter from your employer on company letterhead with the following information:

- Employer name
- Employer address, phone, and email
- Supervisor's name and contact information
- Position title
- Start date of employment
- End date of employment (if applicable; this is generally used only for contract or short-term gigs)
- Indicate whether the position is paid or unpaid
- Number of hours worked each week
- A description of the position's duties and responsibilities

For individual questions, please contact the Center Global Engagement for an appointment.

For official use only:

Approved: ☐ Yes ☐ No

Documentation Attached: ☐ Yes ☐ No

DSO Signature: _____ Date: _____