



Auburn University at Montgomery  
Office of Global Initiatives

PO Box 244023  
Montgomery, AL 36124

### After (OPT) Approval

During OPT, you continue to be in F-1 status and AUM is responsible for reporting information to SEVIS in order to maintain your immigration status.

**YOU** are responsible for providing the following information to the Global Initiatives during OPT:

- Your current address, telephone number, email address, no later than 10 days after any changes occur.
- Proof of any change of status to a different category.
- Admission to a school to pursue another degree program. Please note: Once your SEVIS record is transferred, to the new degree program, your OPT is no longer valid. Please choose transfer dates that will not interfere with your OPT end date.
- Employer information:
  - Employer name
  - Address
  - EIN
  - Job Title
- Information should be updated no later than 10 days after any changes to employer information occur.
- Supervisor's name, telephone number and email address.
- You must also explain how your employment is related to your course of study.

\*\*\*Changes to address or employer updates can be submitted using the OPT Data Form \*\*\*

After your OPT expires, you have the following options:

- Depart the U.S. within 60 days of your OPT expiration date
- Obtain admission to another degree program in the U.S within 60 days of your OPT expiration date and request your I-20 be transferred to the new program/school.
  - You should begin the new program within five months from the OPT expiration date
- Change your status to a different nonimmigrant category

**OPT Data Form**

**Name** \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

**Gender:** \_\_\_\_ male \_\_\_\_ female

**AUM ID#:** \_\_\_\_\_

**SEVIS ID#:** \_\_\_\_\_

**Student's U.S. Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Employer's Information**

**Employer's Name:** \_\_\_\_\_

**Employer's EIN:** \_\_\_\_\_

**Employer's Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Start Date:** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_  
(Family Name) (First Name)

**Telephone #:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**This position is:** \_\_\_\_\_ Paid \_\_\_\_\_ Voluntary

**This position is:** \_\_\_\_\_ Full time \_\_\_\_\_ Part time

**Briefly explain how this job is related to your course of study:**