



OPT Employer Information

Submit this document to international@utpb.edu

Student Name:

UTPB ID:

Employer Name:

Your Job Title:

Start Date:

End Date:

Full-time or Part-time (include # of hours/week):

Employer Address:

Employer EIN number:

Other:

City:

State:

Zip:

Supervisor Information:

Last Name:

First Name:

Telephone #:

Email Address:

Summary of your Job Description and how it is related to your most recent major: