



# Optional Practical Training (OPT) Reporting

## Company Contact Information:

_____ Company Name:		_____ E-Verify Number (if applicable)	
_____ Company Address	_____ City	_____ State	_____ Zip Code
_____ Start Date	_____ End Date (if known)	_____ Position Title	

## Supervisor's Contact Information:

_____ Supervisor's Name		_____ Supervisor's Phone Number	
_____ Supervisor's E-mail	_____ City	_____ State	_____ Zip Code

## Job Description and how it relates to your major:

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## Student's Current Contact Information:

_____ Student's Name		_____ Student's Phone Number	
_____ Student's Address	_____ City	_____ State	_____ Zip Code
_____ Student's E-mail			

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### Office of International Education

One University Circle | MSR180 | Turlock, CA 95382 | T 209.667.3117 | csustan.edu/oie  
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