

Post Graduation Information Update Form

While you are on post-completion F-1 Optional Practical Training (OPT) or J-1 Academic Training (AT), it is your responsibility to notify International Student & Scholar Services of any changes to your name, address, employer, or interruption of employment within 10 days of the change. If you are an F-1 student on OPT please also attach a copy of your Employment Authorization Document (EAD). **Even if no changes are made, you must report this information to ISSS every 6 months and 12 months from the EAD start date. Failure to do so is a violation of your status and will result in SEVIS automatically terminating your record.**

Name: _____

E-mail address: _____ Phone Number: _____

SEVIS ID #: _____ OPT Dates: _____ to _____
(Located above the bar code on your I-20 or DS-2019) Month/Day/Year Month/Day/Year

I am updating the following information (check any that apply):

- No changes to report since my last update.**
 Name Change - Please attach a photocopy of your new passport with updated name.

Address Change

Permanent Foreign Address (Residential)

Address (line 1): _____

Address (line 2, if any): _____

City: _____

Province or Territory: _____

Postal Code: _____

Country: _____

U.S. Address (Residential)

Address (line 1): _____

Address (line 2, if any): _____

City: _____

Postal Code: _____

- Employer**- You must initially report your first employer and then any changes throughout your period of authorized employment.

Employer: _____

Employer Address: _____

Start Date: _____ End Date: _____

- Interruption of Employment** (Applicable only to F-1 students on OPT. During post-completion OPT, F-1 status is dependent upon employment. Students may not accrue an aggregate of more than 90 days of unemployment during any post-completion OPT carried out under the initial post-completion authorization. Students granted the 17 month OPT extension may not accrue an aggregate of more than 120 days of unemployment during the total OPT Period comprising any post-completion OPT carried out under the initial post-completion authorization and the subsequent 17-month extension period.)

Please check one:

- I became unemployed on _____ (mm/dd/yyyy).
 I have found new employment _____ (mm/dd/yyyy). My new employer information is listed above.

Signature: _____ Date: _____

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