

STUDENT VERIFY FORM



Students must sign and return this form before any extension of the OPT will be processed.

Please sign that you have read and agree to abide by the following rules while on OPT and OPT 29:

I _____ will provide the following information to the Office of International Student Affairs (ISA)

Report to the Office of International Education within 10 days of any change of:

- legal name
- residential or mailing address
- employer name
- employer address, and/or
- loss of employment.
- report to the DSO every six months starting from the date the extension begins and ending when the student's F-1 status ends
- any reports later than 10 days I understand I will forfeit my OPT 29 extension and TTU can and will terminate my OPT

I agree to follow the above rules.

SIGN YOUR NAME _____

PRINT YOUR NAME _____

DATE _____

LOCATION SIGNED _____

The notice may be sent:

- via mail to TTU Box 5093 Cookeville, TN 38505 or
- via email: ableignier@tntehc.edu