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**NOTICE TO STUDENT: Requirements for Optional Practical Training -- Please sign below that you agree to provide the following information during your entire OPT period of training. Please confirm you understand:**

8 CFR 214.2(f)(17) requires F-1 students are responsible for reporting a change in the following within 10 days of the change to the designated school official at the School holding your F-1 record:

- Change in legal name (please provide a copy of the legal document);
- Change in residential address;
- Change in Employer;
- Change in Employer’s address;
- Any periods of unemployment.

**By signing below, I understand my obligation and will report any of the ABOVE changes to Mayo Clinic Legal Department – Immigration Specialty Team. The e-mail address is [MCF1Students@mayo.edu](mailto:MCF1Students@mayo.edu) .**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REMINDER - In addition, you do need to report a change of address on form AR-11 within 10 days of the change. This form can be found on [www.uscis.gov](http://www.uscis.gov).**

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**ACADEMIC ADVISOR VERIFICATION**

**[Academic Advisor needs to complete this portion of form]**

This student is applying to the U.S. Citizenship and Immigration Service for Optional Practical Training, which is work authorization for employment directly related to the student’s major field of study. The student is not required to have an employment offer to apply. Your verification of the above information the student has provided is required to insure that Mayo Clinic is in compliance with immigration law.

**Please verify by checking one of the following:**

- I agree with the information provided                       I disagree with the information provided

**Signature of Academic Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

***If you have any questions regarding OPT for this individual, please call 507-284-5144.***