

***Southern Connecticut State University***

***International Student Services***

*Adanti Student Center, Room 231*

*501 Crescent street, New Haven, CT. 06515*

*Tel: (203) 392-6821 Fax: (203) 392-8846 Email: [amina1@southernct.edu](mailto:amina1@southernct.edu)*

**Optional Practical Training**  
**Information Form**

**IMPORTANT: THE INS REGULATION FOR SEVIS REQUIRES THAT THE FOLLOWING INFORMATION BE PROVIDED. FAILURE TO DO SO COULD JEOPARDIZE YOUR I-20/IMMIGRATION STATUS. IF YOU HAVE ANY QUESTIONS OR NEED FOR CLARIFICATION PLEASE CONTACT THE INTERNATIONAL ADVISOR.**

**Personal Information**

Date: \_\_\_\_\_

Graduate Student: \_\_\_\_\_ Undergraduate: \_\_\_\_\_

Name: \_\_\_\_\_  
Family name First name Middle name

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information :**

Home country emergency contact information:

U.S emergency contact information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Employment Information**

EAD Card #: \_\_\_\_\_  
(Please attach a copy of the card)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

