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Office of International Student Services

Employer Notification Agreement for Optional Practical Training (OPT) 17-month Extension

After completing this form, please return to the student listed below. This agreement will then be submitted to the Designated School Official (DSO) in the Office of International Student Services and will serve as verification that the student's employer meets the eligibility requirements for the 17-month extension.

The following student is/will be employed with us as an F-1 student on Optional Practical Training: _____

Date of Birth (mm/dd/yyyy) _____.

I agree to notify the DSO of Morehead State University within 48 hours if the above-named employee terminates or otherwise leaves his or her employment prior to the end of the authorized period of OPT.

I am an employer who was registered with the E-Verify employment verification system. Our E-Verify Company Identification Number or valid E-Verify Client Company Identification Number is _____.

Name of Company: _____

Name of hiring official: _____

Signature of hiring official: _____

Date: _____