



Los Angeles Valley College

5800 Fulton Avenue

Valley Glen, California 91401-4096

OPTIONAL PRACTICAL TRAINING

Student Information

Last Name

First Name

Student Identification Number

Email Address

Local Address

Street Address

City State Zip Code

Contact Information

Telephone Number

Cell phone Number

Do you have a CA Driver's License? Yes No

DL#: _____

Have you provided ISP with a copy? Yes No

(If no, please attach copy)

OPT Information

I-765 Approval Approval Date ____/____/____

Copy Attached WAC # _____

EAD Card Expiration Date ____/____/____

Copy Attached

SSN Card _____ - _____ - _____

Copy Attached

Work Location

Company's Name

Supervisor

Street Address

Telephone Number

City State Zip Code

Supervisor's Email Address

Work Location

Company's Name

Supervisor

Street Address

Telephone Number

City State Zip Code

Supervisor's Email Address