

**SEVIS ID: N0004705512 (F-1)**

**NAME: John Doe Smith**

**EMPLOYMENT AUTHORIZATION**

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

**CHANGE OF STATUS/CAP-GAP EXTENSION**

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
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**EVENT HISTORY**

EVENT NAME	EVENT DATE
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**OTHER AUTHORIZATIONS**

AUTHORIZATION	START DATE	END DATE
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**TRAVEL ENDORSEMENT**

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
IC Staff Name	IC Staff Title	x IC Staff Signature	Date	Location
		x		
		x		
		x		

