

## STEM OPT (24-Month Extension) Mandatory Reporting

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

### Student Information

Full Legal Name (as in passport) \_\_\_\_\_  
Family/ Last Name (Surname) Given Name (First)

SEVIS Number: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Current Mailing Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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### Select which validation report you are submitting

6-Month

12-Month: Must attach form I-983 and complete **Section 1: Evaluation on Student Progress** on page 5.

18-Month

24-Month (**Final, Ending Employment, Change of Status**): Must attach form I-983 and complete **Section 2: Evaluation on Student Progress** on page 5.

Change of Employment / Addition of New Employment: Must attach a completed Form I-983 with the new employer's information.

**STEM OPT Dates:** Start \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Current Employer Information

Job title: \_\_\_\_\_

Work location type:  On-site (office-based)

Remote (home or off-site), please list home or off-site address.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Hybrid (A flexible model blending on-site and remote work)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Employer's Tax ID/EIN: \_\_\_\_\_

E-Verify Number: \_\_\_\_\_ (Company ID, not EIN)

Employment Start Date: \_\_\_\_\_

Employment End Date: \_\_\_\_\_

### Previous Employment (Change of Employment)

Job title: \_\_\_\_\_

Work location type:  On-site (office-based)

Remote (home or off-site), please list home or off-site address.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Hybrid (A flexible model blending on-site and remote work)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Employer's Tax ID/EIN: \_\_\_\_\_

E-Verify Number: \_\_\_\_\_ (Company ID, not EIN)

Employment Start Date: \_\_\_\_\_

Employment End Date: \_\_\_\_\_

## Acknowledgment of Requirements for STEM OPT Extension Validation Reports

- I certify that my employment is directly related to my major field of study and that I work more than 20 hours per week.
- I understand that any changes to my residential address, phone number, employer, termination of employment, or any other employment-related changes must be reported to ISSS or updated in the SEVP Portal within 10 days of the change.
- I certify that the information provided above is true and accurate. By electronically signing this form, I acknowledge that I have read, understood, and agreed to the information stated above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_