

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: _____

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.
- Must attach Form I-983 and complete **Section 2: Evaluation on Student Progress** on page 5 for previous employer.

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:** ____ / ____ / ____