OPT Reporting Form

STUDENT INFORMATION

Last Name: ___________________________________________ First Name: _____________________________

SEVIS ID: ___________________________________________

“NXXXXXXXXX”; on top of I-20

I am reporting the following (please check all that apply):

☐ A change in my contact information (address, phone, or email). Please complete Section A.
☐ Unemployment, including completion of previously reported job. Please complete Section B.
☐ New employment. Please complete Section C and indicate at the end of page 2 if a new I-20 is needed. Submit a copy of your EAD card if you have not done so already. If you are on STEM OPT, you must submit a new I-983 Training Plan in addition to completing Section C.
☐ Applying for STEM OPT. Submit a complete I-983 training plan in addition to completing Section C.
☐ STEM OPT 6 Month Reporting Requirement. If there are no changes to report, please click here: ☐
Otherwise, please complete the appropriate sections below. If you are unsure if you have changes to report, please complete sections A and C (you can leave “Reporting Type” in C blank).

REPORTING INFORMATION

SECTION A: CHANGE IN CONTACT INFORMATION

Please complete all necessary sections:

Address: ________________________________________________________________________________________

(street number and name) (apartment number, if applicable)

City: __________________________ State ____________ Postal Code: ____________

New personal email address: _________________________________________________________________________

New cell phone number: ____________________________________________________________________________

SECTION B: UNEMPLOYMENT

Please select the appropriate choice:

☐ I have not yet found employment. I understand that I have a 90 day total limit of unemployment on my initial post-completion OPT period. I understand that this limit is raised to a 150-day total limit of unemployment if I have been approved for STEM OPT (this limit includes unemployment days accumulated during the initial year of OPT).

☐ My previous employment has ended. My last day of work was (MM/DD/YYYY): ________________________

I understand the unemployment limits listed in the above bullet.
SECTION C: EMPLOYMENT
Please complete ALL required sections:

Reporting Type (REQUIRED):

☐ This is my first job on OPT (submit a copy of your EAD card if you have not done so already).

☐ I am applying for the STEM extension (complete all sections on this page and attach I-983 Training Plan).

☐ I have found a new position at the new company listed below. My last day of work at my prior position was (MM/DD/YYYY): _______________. If I am on STEM OPT, I understand I need to attach a new I-983 Training Plan to this document.

Position Information (REQUIRED):

Job Title: ______________________________________________________________________________________________

Start Date (MM/DD/YYYY): ___________________________ End date, if known (MM/DD/YYYY): ________________________________

This position is: □ Full Time (21+ hours a week) □ Employed by a company
□ Part Time (20 hours a week or less) □ Self-Employed (initial post completion OPT only)

Please provide 1-2 sentences indicating how the employment is related to your degree. Please be brief but specific. It is very important to explain what you will be doing on the job as part of the statement:

Company EIN (REQUIRED for STEM OPT students): _____ - ___________ XX XXXXXXX

Company Information (REQUIRED; Supervisor information is required for STEM OPT)

Name of Company (daily work site): ________________________________________________________________

Address of Company (daily work site): ____________________________________________________________ Street Number & Name, Suite Number (if applicable), City, State, Zip code

Supervisor Information: _____________________________ _____________________________
Last Name, First Name Phone (XXX-XXX-XXXX) Email

Staffing/Hiring Agency (if applicable)

Name of Staffing/Hiring Agency: ________________________________________________________________

Address of Staffing/Hiring Agency: ________________________________________________________________ Street Number & Name, Suite Number (if applicable), City, State, Zip code

I-20 Needed?

Your I-20 does not need to be updated when you report a new employer. However, an I-20 showing your current employer is recommended if you will be traveling outside of the US.

If you need a new I-20, please check this box: ☐