

Please check one. This is my:

## **STEM OPT Report Form**

Students on STEM OPT are required to provide a validation report every 6 months even if personal and employment information has not changed. Please send the completed form to <a href="mailto:ISSS.Application@stevens.edu">ISSS.Application@stevens.edu</a>. If this is your 12-month or 24-month report, you will also need to submit the entire I-983 with completed evaluation.

6-Month report & STEM OPT EAD Card Copy								
12-Month report: Must submit the entire	I-983	with comple	ted one	e-year evaluation				
18-Month report								
24-Month (end of STEM OPT) report: Mus	st sub	omit the entire	e I-983	3 with completed final evaluation.				
STEM OPT Start Date (mm/dd/yyyy): Reporting Due Date (mm/dd/yyyy): Failure to submit 6-month reports and evaluations <i>by the reporting date</i> is considered a violation of F-1 regulations and can jeopardize your F-1 status or future immigration benefits								
Personal Information								
Family Name:		Given Name:						
Stevens ID:		SEVIS ID:						
Secondary E-mail:		Phone:						
Residential Address Information								
Street:	Suite	e Building	Apt	Floor (select one)				
	Num	ber:	_					
City:	State			ode:				
My mailing address is the same as my residential address:				YES NO (Provide Below)				
Mailing Address:								

	Emplo	oyment Intormatior					
I am currently unemployed:			YES NO				
Employer Name:		STEM Employment Start Date (mm/dd/yyyy):					
Street:		Suite Building Number:	Apt Floor (select one) 				
		_					
City:	.1 .1	State:	Zip Code:				
I am currently working at a site othe	r than the empl	loyer's address:	YES NO				
Site Name:		ch. Bullin	A.L. [](				
Street:		Suite Building Number:	Apt Floor (select one) —				
City:		State:	Zip Code:				
	STEM O	PT Acknowledgeme	nts				
<ul> <li>My F-1 status on OPT is dependent on employment. I must be working at least 20 hours per week and all STEM OPT employment must be directly related to my field of study. I may not accrue an aggregate of 150 days of unemployment, applied to the entire 36-month period of post-completion and STEM OPT extension.</li> <li>I am required to report any change of address, contact information, or employment information to ISSS within 10 days of the change.</li> </ul>							
<ul> <li>I do not participate in the following with non E-Verify employers 4) employers</li> </ul>			oloyment 2) unpaid employment 3) e ers.	mployment			
es:  Change to employer  Change in compensation Change in hours per  Changes to employer  Changes to work site Changes to employer  I will submit self-evaluations ("Evaluations ("Evalu	ining opportunity I change" in the teation week er's commitments e location er's address uation of Student PT start date OPT start date	y with a new employer erms and conditions of the amount of times	r of the original I-983. Examples of ma EIN) Jobjectives documented in the Form the Form I-983) within 10 days of the	I-983 e following			
status to another visa category, or c			school, begin a new degree program TEM OPT.	, change my			
I acknowledge that the information on this form is factual, and I have read the STEM OPT Acknowledgements.							
Signature:	Full Name (Plea	se print):	Today's date:				
	<del></del>	<del></del>	<del></del>				