

STEM Optional Practical Training (OPT) Reporting Form

F-1 students in the United States (US) participating in the STEM OPT are required to report any changes to their personal or employment information while on OPT. Please return this form via email to [ISS](#). All changes must be reported within 10 days of the change to prevent violation of F-1 status and OPT employment eligibility.

Additionally, students on STEM OPT must regularly check in with their DSO and complete [OPT Validity Reporting every 6-months](#). During these reporting periods, students must reconfirm their personal contact information, regardless of if it this information has changed or not. Reporting includes an annual self-evaluation at 12-months and final evaluation at 24-months.

SECTION 1: Student US Personal Contact Information **Please remember to list your current information, regardless of if it has changed or not.*

FL Poly ID: _____ SEVIS Number: _____
 Last Name: _____ First Name: _____
 Phone number: _____ Email Address: _____
 Home Address (Apt. #, if any): _____
 City: _____ State: _____ Zip Code: _____

Verify OPT validity reporting period below and confirm if you have any changes in Section 2.

- This is my 6-Month Validity Report**
- This is my 12-Month Validity Report:** *My completed Annual Self-Evaluation (top of Page of 5 of I-983) is attached.*
- This is my 18-Month Validity Report**
- This is my 24-Month Validity Report:** *My completed Final Evaluation (bottom of Page 5 of I-983) is attached.*
- It is not my reporting period; I am reporting changes within 10-days of the change as required:** *See Section 2.*
- I have no changes to report; I am only reconfirming my personal contact information as listed above.**
(Please skip to SECTION 4 if there are no changes)

**Please see [STEM OPT Training Plan Guide](#) for guidance on proper completion of self and annual evaluations.*

SECTION 2: Verify Type of Change(s) **Check all applicable boxes to confirm changes*

Check the applicable box(es) to confirm changes, then complete the required sections of this form to update this information and provide any additional evidence, if required.

- US Personal Contact Information Changed:** *I have confirmed these changes above in Section 1.*
- Employer Information Change:** *I have confirmed these changes in SECTION 3.*
- Multiple Employers (complete additional form if multiple additions):** *I added a new employer to Section 3.*
- Change of Employer:** *I added new employer to Section 3, confirmed employment end date with former employer, and provided and updated [employment offer letter](#) and new [I-983 Training Plan](#).*

SECTION 3: Confirmation of Information Changed

___ **Reporting Unemployment:** Start Date of Unemployment: _____ (see [unemployment best tips](#))

___ **New Employer(s):** *If you have more than one employer attach please complete another OPT Reporting form per employer.*

___ Full Time (20 hours or more/week) ___ Part-Time (Less than 20 hours/week) Your Title: _____

New Employment Start Date: _____ New Employment End Date: _____

Employer Name: _____ Employer Identification Number (EIN): _____

Employer's Address: _____ City/State/Zip: _____

Supervisor's First/Last Name: _____ Supervisor's Title: _____

Supervisor's Phone Number: _____ Supervisor's Email: _____

Job Description/Verify how new position relates to your major: _____

*Former Employer Name: _____ Start Date: _____ End Date: _____

___ **Ending OPT Early:** *I plan to depart the US on (**departure date**): _____ and discontinue my STEM OPT early. I understand I must complete the [F-1 Student Departure Form](#), the Final Evaluation via **Page 5 of I-983** and provide travel date confirmation.*

SECTION 4: Student Certification

Student's Initials: ___ *I understand the employment requirements of my STEM OPT and confirm the following:*

1. All employment must be paid and related to my qualifying USCIS STEM Degree program of study.
2. I must work at least 20 hours per week, all employment must be paid, and an [employment offer letter](#) must be provided.
3. My employer(s) must be enrolled in E-Verify and have an IRS Employer Identification Number (EIN) that must be provided.
4. My employer(s) must sign the Form I-983 Training plan, agree to the wage, working conditions, supervision, site visits, and reporting obligations.
5. **I must be a bona fide employee of the employer; staffing companies (temp agencies) or employment through consulting firm arrangements that provide labor for hire are not permitted. Self-employment is not permitted.**
6. I can accrue up to 90 days of unemployment and up to a total of 150 days of unemployment between my entire post-completion OPT and STEM OPT period.
7. I understand that if I do not report the required changes within 10-days that my DSO is legally required to terminate my status in the SEVIS database due to violation of F-1 status, and that it is my sole responsibility to notify the DSO of changes (i.e., not my employer, or the DSO).
8. **My signature certifies all information on this form is valid and that I am aware I must comply with all [USCIS requirements and regulations for OPT](#). I will contact ISS if I have any questions or changes within 10 days.**

Signature: _____ Date: _____