



## REPORTING INFORMATION

While on STEM OPT, you are responsible for reporting information to your Designated School Official (DSO) at various times during your STEM OPT and ensuring ISSS has current, accurate information on you and your STEM OPT activities. The information below outlines your responsibilities so that you and your DSO can work together to maintain your lawful F-1 status and help you have a successful STEM OPT experience. Note that STEM OPT participants must have an employer enrolled in USCIS's E-Verify program.

Situation	Report to ISSS
New Job	<ol style="list-style-type: none"> <li>1. Form I-983 – completed by employer</li> <li>2. Confirm your current mailing/physical address</li> <li>3. Job title</li> <li>4. Employer's information: name of employer, address</li> <li>5. Start date of employment</li> </ol>
Ending of a job	<ol style="list-style-type: none"> <li>1. Form I-983 – completed by the Student and the Employer. Please include page 5 "Evaluation of Student Progress and Final Evaluation on Student Progress."</li> </ol>
Not currently employed	<ol style="list-style-type: none"> <li>1. Students granted a STEM OPT extension may not accrue an aggregate of more than 150 days of unemployment during the total 36-month OPT period.</li> </ol>
Student decides to exit the United States and complete his/her F-1 status before the end date of STEM OPT	<ol style="list-style-type: none"> <li>1. Indicate "Completing STEM OPT and exiting the United States."</li> <li>2. Date of exit</li> </ol>
Other activities you should report to your DSO	<ol style="list-style-type: none"> <li>1. Change of residence</li> <li>2. Change your name</li> <li>3. Adding dependent(s)</li> <li>4. Change of immigration status while in the U.S.</li> </ol>

### STEM OPT Report Dates & Requirements

#### 6-Month Report

**Due:** 6 months after your STEM OPT start date.

**Requirement:** Submit a **Validation Report** to your DSO confirming the following:

- Legal Name
- Residential & mailing address
- Employer name and address
- Employment status

**Deadline:** within **10 days** of the due date.

#### 12-Month Report

**Due:** One year after your STEM OPT start date.

**Requirements:**

- Validation Report (same as 6-month)
- First Self-Evaluation on Form I-983
  - ✓ Describe progress toward training goals.
  - ✓ Signed by both student and employer.

**Deadline:** within **10 days** of the due date.

#### 18-Month Report

**Due:** 18 months after your STEM OPT start date.

**Requirement:** Submit a **Validation Report** to your DSO confirming the following:

- Legal Name
- Residential & mailing address
- Employer name and address
- Employment status

**Deadline:** within **10 days** of the due date.

#### 24-Month Report (Final)

**Due:** 24 months after your STEM OPT start date.

**Requirements:**

- Validation Report (same as 6-month)
- Final Self-Evaluation on Form I-983
  - ✓ Summarize overall training experience.
  - ✓ Signed by both student and employer.

**Deadline:** within **10 days** of the due date.



### STEM OPT INFORMATION

#### Section 1: Personal Information

Student Name:			
Aggie ID#:		SEVIS ID#:	
Degree Level:		Field of Study	
Address:			
E-mail:		Phone #:	

#### Section 2: Employment Information

Are you currently employed?      Yes      No If no, please list the start date of the unemployment \_\_\_\_\_

If you are currently employed, please provide the following information about your current position:

Employer Name:			
Employer EIN:		E-Verify #:	

*Working less than 20 hours per week will be considered part-time and will put your STEM OPT status at risk. Students working at multiple jobs must submit one report per employer and must work a minimum of 20 hours per week per employer.*

*\*\*Employment must be paid for students approved for STEM extension. \*\**

Job Title:			
Employer Address:			
Site Address:			
Start Date of Employment:		Salary/Compensation	

Brief explanation of your job description, responsibilities, and how this job is related to your program of study:

#### Section 3: Supervisor Information

Full Name:		Phone #:	
Email Address:		Title:	

*I verify that I have read and understood the information on this form and confirm that the information I provided is accurate. I agree to submit an OPT Reporting Form to ISSS every six months or within 10 days of any changes.*

Student Signature:	Date:
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