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Optional Practical Training (OPT) & STEM OPT Reporting Form

Immigration regulations require F-1 students authorized by USCIS to engage in Optional Practical Training (OPT) to report any change of employment, address, phone number, email, name, etc. to OISS within 10 days of the change. Students on STEM OPT are required to make a validation report every six months from the start date of their STEM OPT extension. OISS is responsible for updating the students' SEVIS records to reflect these reported changes.

Type in the spaces below – Do NOT handwrite responses.

SEVIS ID: _____ Reporting Date (Today) ____/____/____

Student Last Name: _____ First Name: _____

Phone Number: ____-____-____ Personal / Non-Rutgers Email: _____

CURRENT CONTACT INFORMATION (Required for SEVIS)

US Physical Address

Address Line 1 (Residence Number and Street Name): _____

Address Line 2 (Apartment / Unit / Floor Number): _____

City: _____ State: _____ ZIP Code: _____

BEFORE completing this form, obtain a **JOB OFFER LETTER** from your employer stating your job title, responsibilities, working hours per week, starting date and wage (if paid) as evidence of maintaining legal status. Email this completed form and job offer letter to your OISS International Services Advisor every time a change is reported.

PREVIOUS EMPLOYER INFORMATION

Did you report OPT Employment before this one? (select one) Yes No

If yes: Last Employer Name: _____ End Date: ____/____/____

CURRENT OPT EMPLOYER INFORMATION

Employment Status (select one): Employed Unemployed Self-Employed

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F-1 regulations require OPT/STEM OPT employment must be directly related to a student's major area of study. Explain, in your own words with maximum 950 characters, how this employment is related to your major area of study: (OISS will copy and paste your words onto your SEVIS record as your reporting.)

Company / Employer Name: _____

9-Digit Employer EIN (Ask your employer if you don't know) _____ - _____

Job Title _____ Start Date ____ / ____ / ____

Full Time / Part Time (check one):

- Full Time (more than 20 hours/week)
- Part Time (20 or less hours/week)

Employer Address (REQUIRED BY SEVIS):

Address Line 1 (Number and Street Name): _____

Address Line 2 (Suite / Unit / Floor Number): _____

City: _____ State: _____ ZIP Code: _____

Name and Contact Information of Supervisor / Boss (REQUIRED BY SEVIS):

Last Name: _____ First Name: _____

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