

Student Name: _____

OPT Reporting Form

ID: P000_

	Email Address:	Phone:		
Instr	ructions (Please read carefully)			
2. S 3. R 4. K	Submit this form to the International Student Advisor (ISA) in person or by email. Submit a copy of your OPT EAD card with this form within the first 10 days of your OPT period. If this is your first-time reporting, please check the box to attach the EAD card. Report any further changes with your address and/or employment status while on OPT within 10 days. Keep documentation of your employment, each form you send to the ISA, and all I-20s issued to you, for your record. Fill out the sections that are applicable to your situation.			
	unemployment/employment update will automatic Unemployment: Start Date: Employer's Name: Employer's EIN:	Employment:		
		Zip Code:		
	Hours per week:	Job Title:		
	Supervisor Information:	JOD 11(16:		
	Last Name	First name:		
	Telephone number:	Email Address:		
	My Major of Study	Lilian Address.		
		o your course of study:		
	B. Report residential address change Street:			
	City: State:	Zip Code:		
	C. Report leaving the U.S. before your OPT of an abandoning OPT and exiting the U	end date Check the statement and enter the exit date Inited States Date of Exit:		
	D. 6, 12 or 18 Month STEM employment valing information, even if you have not had changes. But 6 months employment validation report 12 months employment validation report 18 months employment validation report 19	rt ort		

E.	Report change of visa status. Check the box and enter the new visa status. Attach a copy of the approval notice/I-S I Changed visa status to:	94 to this form
For more	re information on OPT reporting requirements, email intladmissions@stmartin.edu or call 360-438-45	504.
	gning, I acknowledge that I am aware of the above mandatory OPT reporting, and that I will be respon pleting reporting to OIPD in time.	isible for
Signat	ature: Date:	