

F-1 OPT Reporting Requirement Form

The Office of International Affairs (OIA) is responsible for maintaining the Student and Exchange Visitor Information System (SEVIS) record of all students recommended for optional practical training (OPT) for the duration of the time that training is authorized. The Student and Exchange Visitor Program (SEVP) within the Department of Homeland Security (DHS) has requested that schools ensure the accuracy of certain information in SEVIS for all students currently participating in OPT. In order to comply with U.S. immigration regulations governing a student's F-1 status, it is the responsibility of the student to inform his/her International Visitor Advisor (IVA) of any:

- Legal changes to his or her name within 10 days of the change;
- Change of address within 10 days of the change;
- New employment to include the employer's name, address, and begin date of employment;
- Changes in the name and/or address of employment;
- Duration of time not employed; and,
- Changes in immigration status

Students approved for OPT must complete and sign this form and return all original documents to OIA at the address below in order to comply with federally mandated reporting procedures.

Note:

- Students on cap-gap extensions must continue to report all changes to the above information.
- Immigration regulations mandate that students approved for the 24-month STEM OPT extension complete the **OPT Student Reporting Requirement** form and return it to his/her IVA every six months starting from the date the STEM extension starts and ending when the student's F-1 status ends or STEM extension ends, whichever comes first. Students are required to complete this form every six months regardless if there are any changes to the information provided from previous reporting.

Section I: Student Information

LAST/FAMILY NAME	First/Given Name	Middle
------------------	------------------	--------

U.S. Residential Address: Street	City	State	Zip Code
----------------------------------	------	-------	----------

Telephone Number: Home	Cell	Work	Fax
------------------------	------	------	-----

Date of Birth (MM/DD/YYYY)	E-mail Address
----------------------------	----------------

Is the residential address provided above a new address? Yes No

- *If yes, please contact your IVA regarding what documents must be submitted to the Department of Homeland Security in order to report your change of address.*

Current Department of Homeland Security (DHS) Classification: F-1 J-1
 H-1B Permanent Resident
 Other, please indicate: _____

Note:

If you have applied for or been approved for a change of status from F-1, please provide OIA with a copy of the receipt or approval notice received from U.S. Citizenship and Immigration Services.

Current OPT start and end dates: _____
OPT Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

I have been granted a 24-month STEM OPT extension? Yes No

If yes, please provide extension start and end dates: _____
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

I am the beneficiary of a cap gap extension? Yes No

I am reporting a termination of my employment or a departure from my employment: Yes No
 If yes, complete Section III: Previous Employer Information

Section II: OPT Employer Information

Employer's Name

Address: Street City State Zip Code

Telephone Number

I am employed at the employer listed above: Full-time (more than 20 hours per week) OR
 Part-time (20 hours or less per week)

Job Title at the Employer listed above

I have been/will be employed at the location above effective: _____
Employment Begin Date (MM/DD/YYYY)

Supervisor's Name

Supervisor's Email Address Supervisor's Telephone Number

Internal Revenue Service (IRS) Employer Identification Number (EIN) – Please contact your supervisor or the Human Resources Office for this information. Also, please note that the Employer Identification Number is different from the E-Verify number.

Please provide a brief statement below that describes how the employment listed in Section II is related to your major area of study at UTHealth:

If you have been granted a 24-month STEM OPT extension, please provide the information below:

Employer's Name as listed in E-Verify

Employer's E-Verify Company Identification Number and/or a valid E-Verify Client Company Identification Number

Section III: Previous Employer Information

Please complete this section if you have changed employers during your period of approved optional practical training.

Employer's Name

Address: Street City State Zip Code

Telephone Number

I was an employee at the location above from: _____
Employment Begin Date Employment End Date



Student's Signature: _____ Date: _____