

TOURO UNIVERSITY

Office of the Registrar

OPTIONAL PRACTICAL TRAINING (OPT) & STEM OPT REPORTING FORM

SEVIS regulations require F-1 students who engage in Optional Practical Training (OPT) to report initial employment, change of employment, address, phone number, email, etc. to the International Student Office (ISO) within 10 days of the change. The ISO will update your SEVIS record with the information provided.

Last Name: First Name: SEVIS ID#:	A: Personal Information			
Address (including residence number & street name): City: State: Zip Code: Email Address: Tel #: B: Type of OPT Reporting New OPT Employment Termination of Employer: Date Employment Ended: Report STEM OPT Participation C: OPT Employment Information (A copy of your job offer letter must be submitted with thing initial STEM OPT employment, you must also submit Form 1-983 (Mentoring & Training the only of STEM OPT and changing employer, you must also submit a completed Form 1-983 over in addition to a Form 1-983 from your new employer. Name of Employer: Employment Start Date: Employer's Address: Zip Code: Employer's EIN: State: Zip Code: Supervisor's Name: Supervisor's Email: Supervisor's Telephone #:	Last Name:	Fir	st Name:	
City: State: Zip Code: Email Address: Tel #: B: Type of OPT Reporting New OPT Employment	Touro ID#:	SEVIS ID#:		
Email Address: Tel #:	Address (including residen	nce number & street r	name):	
B: Type of OPT Reporting New OPT Employment Termination of Employer: Date Employment Ended: Report STEM OPT Participation C: OPT Employment Information (A copy of your job offer letter must be submitted with this ing initial STEM OPT employment, you must also submit Form I-983 (Mentoring & Training initial STEM OPT and changing employer, you must also submit a completed Form I-983 over in addition to a Form I-983 from your new employer. Name of Employer: Employer's Address: City: State: Employer's EIN: Hours Per Week: Supervisor's Telephone #: Supervisor's Telephone #: Supervisor's Telephone #:	City:	State:	Zip Code:	
□ New OPT Employment □ Termination of Employment Name of Employer:	Email Address:		Tel #:	
□ Termination of Employment Name of Employer:	3: Type of OPT Reporting			
Name of Employer:	☐ New OPT Employm	nent		
Date Employment Ended: Report STEM OPT Participation C: OPT Employment Information (A copy of your job offer letter must be submitted with this ing initial STEM OPT employment, you must also submit Form I-983 (Mentoring & Training initial STEM OPT and changing employer, you must also submit a completed Form I-983 of in addition to a Form I-983 from your new employer. Name of Employer: Employment Start Date: Employer's Address: State: Zip Code: Employer's EIN: Hours Per Week: Supervisor's Name: Supervisor's Email: Supervisor's Telephone #:	☐ Termination of Emp	loyment		
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City: State: Zip Code: Employer's EIN: Hours Per Week: Supervisor's Name: Supervisor's Email: Supervisor's Telephone #:	atly on STEM OPT <u>and</u> che yer in addition to a Form I-9	anging employer, you 283 from your new employer	must also submit a completed Form I-983 from oyer.	
Employer's EIN: Hours Per Week: Supervisor's Name: Supervisor's Email: Supervisor's Telephone #:	Employer's Address:			
Supervisor's Name: Supervisor's Email: Supervisor's Telephone #:				
Supervisor's Telephone #:				
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Describe how this employment is related to your major area of study:	Supervisor's rerephone π .			
	Describe how this employn	nent is related to your m	ajor area of study:	