

OPT STEM Data Validation Report

Federal regulations require all F-1 OPT students to update WMU with any employment or address changes, within 10 days of such changes. This form must be completed, signed, and mailed to International Student and Scholar Services (I3S), Western Michigan University, 1903 W Michigan Ave, Kalamazoo, MI 49008-5246 or faxed to (269) 387-5899.

ATTENTION STUDENTS

If changing employers while STEM extension is *still pending*, submit a new I-983 training plan with the new employer's E-Verify number (there is no fee associated with this) to the appropriate USCIS Service Center.

If changing employers *after* STEM has been approved, submit a new I-983 training plan with the new employer's E-Verify number, along with this form, to I3S.

IMPORTANT: Students who are on the 24-month STEM extension, must complete and submit this report to IAS **every six months**, even if there have been no changes. SEVIS may terminate your OPT if this is not filed on time.

MANDATORY OPT STEM UPDATE (Please che This is my: ☐ initial ☐ 6 month ☐ 12 month* ☐		⊒24 month*		
*A self evaluation form I-983 is due with your 12 a	and 24 mont	h report.		
For instructions visit: https://studyinthestates.dhs.gov/students-stem-op		·		
Name:				
Last	First		Middle	
WIN:	_ SE	VIS #:		
Present Address:				
Street	Cit	у	State	ZIP code
Phone	En	nail		
Unemployment (if applicable):				
If you are unemployed, indicate the date your last	job ended:			
How many days of unemployment have you accrue	ed since you	r OPT start date:		
Current Employer:				
☐ Full time (more than 20 hours per week)	☐ Part tir	me E-verify Number:		
Name of employer	Str	eet address		
City	Sta	ate	ZIP	
Job title		te employment began pefore OPT start date on EAD Card		uthorization ends
	(CONTINU	ED ON BACK)		

INTERNATIONAL STUDENT AND SCHOLAR SERVICES (13S)
WESTERN MICHIGAN UNIVERSITY \$ 3110 FAUNCE STUDENT SERVICES
KALAMAZOO, MICHIGAN 49008-5246 \$ (269) 387-5865 \$ FAX (269) 387-5899



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□ Attach a comy of the ich offer letter				
□ Attach a copy of the job offer letter Former Employer (if applicable): □ Full time (more than 20 hours per week) □ Part time				
Name of employer	Street address			
City	State	ZIP		
Job title	Date employment began	Date employment ended		
I certify that this job is directly related to my major fi is true and complete to the best of my knowledge. I finformation given above. I understand and agree that International Student an compliance and I verify the I-983 is accurate.	further confirm that I will notify I3S i	immediately of any changes to the		
Signature		Date		
TO BE COMPLETED BY I3S				
Completed by I3S signature				

INTERNATIONAL STUDENT AND SCHOLAR SERVICES (I3S) WESTERN MICHIGAN UNIVERSITY \diamond 3110 FAUNCE STUDENT SERVICES KALAMAZOO, MICHIGAN 49008-5246 \diamond (269) 387-5865 \diamond FAX (269) 387-5899