

Report STEM OPT Participation

Government regulations mandate that students on the **24-month STEM OPT extension** validate their employment and address details every six months to comply reporting requirements. This information must be validated even if it has not changed since the last reporting period.

		Personal Information	
Student	Surname/Primar	Name	Given Name
	Surnamer I tomay		
WSU ID		Date of Birth	/ 11/
		7	nm/dd/yyyy
Phone Number		SEVIS ID Number (on I-20)	
0 11			
Current Address		Street Address	Apt #
	City	State	Zip
			\simeq_T
		Employment Information	
Employer Name			
Employer Address			
1		Street Address	Suite
	City	State	Zip
f your site name and	site address are diff	erent than the employer name and address,	please complete the following:
Site Name			
Site Address		Street Address	Suite
		Street Auturess	Smite
	City	State	Zip
Student's Signature			Date
	(Signature valid only	if hand-written or applied digitally with a time/date sta	mp)
Wic		nternational Education 1845 Fairmount Street Wich	
		78-3232 fax: (316) 978-3777 e-mail: iss@wichita.e	