

## STEM OPT 6 Month Validation Report Form

*This form is for current STEM OPT students to fulfill their 6 month validation requirement.*

FEDERAL REGULATIONS REQUIRES THAT ALL STEM OPT PARTICIPANTS VALIDATE THEIR EMPLOYMENT WITH THE OFFICE OF INTERNATIONAL STUDENTS AND SCHOLARS (OISS) EVERY SIX MONTHS FOR EACH EMPLOYER THROUGHOUT THEIR STEM AUTHORIZATION TIME FRAME. YOU MUST COMPLETE THIS FORM AND SUBMIT TO OISS. PLEASE TYPE OR PRINT LEGIBLY.

- I am reporting a change to my address or contact information
- I am reporting a change to my employment status (*a new Form I-983 may be required*)
- I have made no changes to my employer or contact information

*You must complete this report even if no changes have been made to your employer. If you would like to report changes to your legal name or status, please send an email to [iss@hpu.edu](mailto:iss@hpu.edu)*

### CONTACT INFORMATION:

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

HPU Email: \_\_\_\_\_ HPU ID: @ \_\_\_\_\_

Non-HPU Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My current physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I have submitted a copy of my EAD card to OISS:  YES  NO  UNKNOWN

### EMPLOYER INFORMATION:

Name of Organization: \_\_\_\_\_

My Job Title: \_\_\_\_\_

Dates of Employment (month/day/year): \_\_\_\_\_ to \_\_\_\_\_

Average Number of Work Hours per Week: \_\_\_\_\_

Organization Address (Physical): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor Last Name: \_\_\_\_\_ Supervisor First Name: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

### By signing below, I acknowledge that:

- OISS may need to request additional information before my validation requirement is complete
- I must report to OISS within 10 days if any of the following changes occur: (1) legal name change; (2) change of legal status; (3) change of employment; (4) loss of employment/less than full time employment; (5) marriage to an American citizen or permanent resident; (6) change in contact information
- *While on OPT, I am still under the maintenance of OISS until my OPT end date or until I receive a change of status. Failure to comply with F-1 regulations, failure to complete my reporting requirements as mandated, or failure to respond to required university correspondence may result in a termination of my legal status at which point all work must cease.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_