



STEM OPT VALIDATION REPORT FORM

Students approved for the STEM Extension of OPT are required to submit a validation report to ISSS at the 6-, 12-, 18-, and 24-month mark following the start date of their STEM OPT period. The validation report must be submitted to ISSS on the due date, even if you have recently reported a change in your employment. Please complete this form and submit it to [your International Student Advisor](#). For additional information regarding your reporting requirements while on the STEM Extension of OPT, please visit the ISSS website at <http://iss.unc.edu/student-employment/opt/stem/>.

STUDENT INFORMATION

Last Name: _____ First Name: _____ PID: _____

Date of Birth (mm/dd/yyyy): _____ SEVIS ID: _____ Today's Date: _____

U.S. ADDRESS AND CONTACT INFORMATION

Please log into your ConnectCarolina Student Center to [update the following information](#): SEVIS Immigration Reporting Address, Preferred Phone Number and Preferred Email Address. Your current address and contact information must also be confirmed below and match the information in ConnectCarolina. Please note that this information will be reported in SEVIS. The email address you indicate below, once reported in SEVIS (if it has not been already), will be the email you use for access to the SEVP Portal.

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Email (SEVP Portal access): _____ Phone Number: _____

VALIDATION REPORT

Please select which validation report you are submitting. You may only select ONE option:

6-month report

12-month report

18-month report

24-month report

Students submitting a 12-month or 24-month report must provide a completed/signed self-evaluation (page 5 of the [Form I-983](#)).

CURRENT EMPLOYER

I am currently unemployed:

YES

NO

EMPLOYER INFORMATION/ADDRESS

Name of Company or Institution: _____

Start Date (mm/dd/yyyy): _____ End Date, if applicable (mm/dd/yyyy): _____

Job Title: _____ Work Hours per Week: _____

Employer's Address: _____ Suite Building Apt Floor number: _____

City: _____ State: _____ Zip Code: _____

WORKSITE [PHYSICAL LOCATION OF WORK]

Are you currently working at a location other than your employer's address, listed above: YES NO

If yes, select the worksite type: Client Company Branch Other (specify): _____

Client Name, if applicable: _____

Address of Physical Location of Work, if you indicated YES above:

Street Address: _____ Suite Building Apt Floor Number: _____

City: _____ State: _____ Zip Code: _____

SUPERVISOR/EMPLOYER OFFICIAL WITH SIGNATORY AUTHORITY INFORMATION

This information is listed in Section 5 of your [Form I-983](#). If this information has changed, you must submit a new Form I-983 together with your STEM validation report.

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

JOB RELATION TO MAJOR

Describe **HOW** your employment relates to your degree/major area of study. (**Note:** your exact wording and explanation will be reported in SEVIS):

STEM OPT REMINDERS

1. Students' F-1 status on the STEM Extension of OPT is dependent on employment. Students must be working at least twenty hours per week for each employer. Students may not exceed a total of 150 days of unemployment throughout their 12-month Post-Completion OPT and 24-month STEM extension periods combined.
2. Students are required to report any change of address, contact information, or employment information to ISSS within 10 days of the change.
3. Students must submit a new [Form I-983](#) to ISSS within 10 days if:
 - a. They begin a new practical training opportunity with a new employer.
 - b. There is a change to the student's worksite location, even if the change is temporary.
 - c. There is a "material change" in the terms and conditions specified in the student's last Form I-983.
4. Students must submit a self-evaluation (page 5 of the [Form I-983](#)) within ten days of the following due dates:
 - a. 12 months from the student's STEM OPT start date
 - b. 24 months from the student's STEM OPT start date
 - c. When the student ends employment with an employer, regardless of the amount of time worked for that employer.

STUDENT CERTIFICATION

I acknowledge that the information provided on this form is factual and that I have read and understand the STEM OPT Reminders.

Signature: _____ Printed Name: _____ Date: _____