

STUDENT RESPONSIBILITIES

REPORTING CHANGES

All universities sponsoring students on F-1 visas are required to report to the U.S. Department of Homeland Security information on F-1 students engaging in STEM Optional Practical Training (OPT). As an F-1 student on STEM OPT you must inform the Office of International Services (OIS) of the following changes within 10 days of them occurring or you will be violating the law:

- Change in legal name
- Change of residential address
- Change of employer
- Change of employer's address and changes to employment status, including full-time (20+ hours per week) to part-time employment, termination/end of employment, start of new employment and start or end of second job
- Change of phone number and/or e-mail address

U.S. Department of Homeland Security regulations require that every **6 months** starting from the start date of your STEM OPT extension, you confirm that that information which you previously reported to the OIS regarding your legal name, residential or mailing address, your employer's name, your employer's address continues to be correct. Any changes must be reported within 10 days of the change.

If you change employers, you must also submit a new form I-983 Training Plan signed by you and your employer. There are instructions and information regarding this form at the following sites:

- I-983 Instructions: <https://www.ice.gov/sites/default/files/documents/Document/2016/i983Instructions.pdf>
- I-983 Overview: <https://studyinthestates.dhs.gov/form-i-983-overview>
- I-983-Info for Students: <https://studyinthestates.dhs.gov/students-and-the-form-i-983>
- I-983-Info for Employers: <https://studyinthestates.dhs.gov/employers-stem-opt-reporting-requirements>

The OIS will not update your employment information without receipt of completed I-983.

Also, please notify the OIS if you change your immigration status including obtaining a non-immigrant status such as H-1B, TN, J-1, etc. or U.S. Permanent Resident. Please submit a copy of the official approval notice from the U.S. Citizenship and Immigration Services to the OIS.

Likewise, if you decide to depart the U.S. permanently and end your period of OPT earlier, please email the OIS at international@uthscsa.edu and notify us of your intended departure date.

LIMITATION ON UNEMPLOYMENT

You are allowed only 150 days in total of unemployment during your OPT and STEM OPT periods (the initial 12-month OPT period + the STEM 24-month extension period). Any employment must be paid and at least 20 hours per week. It must be related to your field of study and degree to avoid accruing "unemployment time" under OPT. The unemployment period begins on the start date listed on your Employment Authorization Document (EAD) (work permit) issued for your OPT and then for your STEM OPT.

INSTRUCTIONS

U.S. Department of Homeland Security regulations require that every 6 months starting from the start date of your STEM OPT extension, you confirm that that information which you previously reported to the OIS regarding your legal name, residential or mailing address, your employer’s name, your employer’s address continues to be correct. Any changes must be reported within 10 days of the change.

Please use this form to report any of these changes while you are engaged in STEM Optional Practical Training. Check the appropriate box(es) indicating the information which you are reporting and insert the relevant information. If you have any questions about how to complete this form, please contact the OIS at 210-567-6241 or international@uthscsa.edu. Please submit the completed form to the OIS at international@uthscsa.edu.

PART A. INFORMATION TO BE COMPLETED BY ALL STUDENTS ON STEM OPT Extension

Name: _____

SEVIS Number: _____

CHANGE OF ADDRESS, EMAIL ADDRESS, AND/OR PHONE NUMBER

Residential (physical) address: _____

Mailing address: _____

E-mail address: _____

Phone number: _____

EMPLOYMENT/VOLUNTEER ORGANIZATION INFORMATION

Position/Job Title: _____

Are you employed in a paid position? Yes No

Are you employed full-time (20 hours per week or more)? Yes No

Legal Name of Employer: _____

Physical Address of Employer: _____

Employer’s E-Verify Number (This number is required for students on a STEM OPT extension.): _____

Second Job/Employment: Yes No (If “yes”, please submit a separate Reporting Form to OIS for each job.)

Start date of employment: _____

End date of employment: _____

a. If new hire and permanent employment, indicate “N/A – permanent.”

b. For positions from which you have recently resigned, been terminated from, or departed for any other reason, indicate last day of employment.

Supervisor’s Name: _____

Supervisor’s Email Address and Phone Number: _____

Supervisor’s Position/Job Title: _____

Explain in 2 – 3 sentences how the job relates to the field of study and degree listed on your I-20 form:

PART B. INFORMATION TO BE COMPLETED BY EMPLOYER OF STUDENT ON STEM OPT EXTENSION

U.S. Department of Homeland Security regulations require that an employer of a student on a STEM extension of OPT, report to the Designated School Official at the student's school within 48 hours, if the student is terminated or "departs" prior to the end of the OPT period. A departure occurs when the student leaves the employment (resigned) or fails to report for work for a period of 5 consecutive business days without the consent of the employer, whichever is earlier.

Name of Employer's Representative Completing Form: _____

Name of Employing Company or Organization: _____

Has the student been terminated from his/her employment? Yes No

Date of Termination: _____

Has the student resigned from his/her employment? Yes No

Date of Resignation: _____

Has the student failed to report to work for 5 consecutive business days? Yes No

Date Student Last Reported to Work: _____

CHANGE OF NAME

New Legal Name: _____

Please submit to the OIS copies of the documents supporting the legal name change (for example, certified copy of marriage certificate or court order).

REQUIRED SIGNATURE

Signature: _____

Name: _____

Indicate if student or employer completing this form.

If employer, please provide title: _____

Date: _____

If you have any questions, please contact the OIS at 210-567-6241 or international@uthscsa.edu.