

STEM OPT EMPLOYMENT REPORTING

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
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THIS FORM TO BE COMPLETED BY THE STUDENT

Last Name:		First Name:	
Date of Birth (mm/dd/yyyy):	PID: A	SEVIS ID #: N	
Current EAD End Date:		Non-MSU Email Address:	
Student's Address:			
City:	State:		Zip Code

Employer Information

E-Verified Employer's Name:			
Employer EIN:		Job Title:	
<input type="checkbox"/> Full Time: more than 20 hours/week		<input type="checkbox"/> Part Time: 20 hours or less/week	
Is this employer a temporary or a staffing agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Temporary or staffing agencies do NOT qualify for STEM OPT Extension	
Start Date (month/day/year):		End Date (month/day/year):	
Explain how employment is related to student's course of study:			

*****NOTE: YOU MUST INCLUDE A NEW FORM I-983 WITH THIS FORM*****

Employer Address

Address of Company or Organization:		
City:	State:	Zip Code:

Supervisor Information

Last Name:		First Name:	
Telephone Number:		Email Address:	

ATTESTATION

By signing this document, I agree to report any material changes to current employment, change of employers or unemployment to OISS in timely manner as outlined by the [Department Homeland Security STEM OPT requirements](#)

Student Signature: _____ Date: _____