



STEM OPT Reporting - Employer Information

Name: _____

Pratt ID: _____

SEVIS #: **N** _____
(from I-20)

Today's Date: _____

STEM OPT Start Date: _____

While on STEM OPT, you are required to submit this form to OIA every six (6) months from the start date, along with other reporting responsibilities to maintain your status.

6 months: This form only

12 months: This form and completed evaluation on page 5 of the Form I-983 (top part)

18 months: This form only

24 months and/or at end of employment: This form and completed final evaluation on page 5 of the Form I-983 (bottom part)

Name of Company: _____

Company Address: _____

Street Address

City State Zip Code

Number of hours you work per week: _____

(Full time: more than 20 hours/week or Part time: 20 or less hours/week)

Start date of your employment: _____

Your employer's EIN number: _____

Employer's E-Verify Number: _____

Your local address in the U.S.: _____

Street Address

City State Zip Code

Your local U.S. phone number: _____