

SIX-MONTH STEM OPT VALIDATION REPORT FORM

Haverford College, ISSO

Your STEM OPT Employment Validation is due every 6 months; the report is due to the DSO within 10 business days of each reporting date. Please use this form to complete your 6-Month STEM OPT employment report. Submit the validation report by using a medium that will not compromise your employer's or your information. The completed and signed (use a blue-ink pen) ORIGINAL form should be sent to: Haverford College, International Student Support Office, Stokes Hall, Room 111-B, 370 Lancaster Avenue, Haverford, Pennsylvania 19041-1392. Electronic or photo copies will not be accepted!

Notes

Students on 24-month extension should not start new employment before completing the application process:

- **Changes in employer** – complete and submit an updated Form I-983 within 10 days of change to ISSO
- **Concluding employment** – complete and submit final employment evaluation using Page 5 of the Form I-983 within 10 days of your work ending
- **Start new employment** – complete and submit a new STEM Extension Request Form and Form I-983. ISSO is responsible for ensuring all STEM program requirements are met before the student starts their new employment.

Student Information

First Name: _____

Middle Name: _____

Last Name: _____

Student ID#: _____

SEVIS ID#: _____

Email Address: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: _____

Employment Start Date (month/day/year): _____

If applicable, Employment End Date (month/day/year): _____

Is employment full time (20 hours+ a week) or part-time (20 hours a week or less): _____

Check one:

Is this a 6-month report?

Are you updating a change of address only?

Employment/Employer Information

Employer/Company Name: _____

EIN (Employer Identification Number): _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's E-mail Address: _____

Supervisor's Contact Telephone Number: _____

Employer/Company's Mailing Address: _____

Description of Employment

Briefly describe your employment. State how your duties/job requirements are related to your major. Include your major and CIP code (Classification of Instructional Programs)

Student's Full Name: (Print) _____

Student's Signature: _____

Date: _____

(Signature valid only if handwritten or applied digitally with a time and date stamp)

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER/SUPERVISOR AND NOT BY THE NON-IMMIGRANT F-1 STUDENT.

Employer/Supervisor's Full Name (Print) _____

By signing below, I am attesting that the student is still employed with the above named organization and that all information provided on this form is true and correct.

(Signature valid only if handwritten or applied digitally with a time and date stamp)

Date: _____

ISSO Office Use Only

Notes:

Received on:

Processed by:

Date: