

## Student OPT Update Form

Office of International Services

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| Family Name   | First Name                           | Middle                                    | Middle Date of Birth (mm/dd/yy) |   | SEVIS ID  Email Address                                |  |
|---|--------------------------------------|---|---------------------------------|---|--|--|
| Phone Number  |                                      | Date of Birth                             |                                 |   |  |  |
| Current Address   |                                      |   |                                 |   |  |  |
|   | Number                               | Street                                    | City                            | State   | Zip Code   |  |
| Will This Form Be Used  | d as Your 6 Month                    | STEM Validation Re                        | eport: 🗆 YES 🗆                  | ] NO  |  |  |
| tion while you are on<br>report any changes to                                    | OPT: address, nam this information t | e, email, and emplo<br>o the Department o | yment information. 1            | The Office of Internation                                 | f the following informa-<br>al Services is required to |  |
| Attach a Copy of Yo   | ur EAD (OPT Card                     | a) With This Form                         |                                 |   |  |  |
| Please Select the Inf  ☐ I am changing my  ☐ I am changing my  ☐ My employer info | y U.S. address<br>y name (attach a c | copy of your passpo                       | rt with the new nam             | e)<br>er information has not                              | changed  |  |
| I will start working  | g on                                 |   | (mm/dd/yy)                      |   |  |  |
| Employer Name _   |                                      |   |                                 |   |  |  |
| Employer Address  | Number                               | Street                                    | City                            | State   | Zip Code   |  |
| Supervisor's Name   | e & Phone Number                     | r   |                                 |   |  |  |
| ☐ I am <b>leaving my</b> o  | current employei                     | <b>:</b>                                  |                                 |   |  |  |
| I will stop working   | g on                                 |   | (mm/dd/yy)                      |   |  |  |
| Employer Name _   |                                      |   |                                 |   |  |  |
| Employer Address  |                                      |   |                                 |   |  |  |
|   | Number                               | Street                                    | City                            | State   | Zip Code   |  |
|   | at the OPT extensio                  | n starts in order to ve                   | rify this information is        | s) Extension are required t<br>up to date. This should be |  |  |
| If you will be returning  | g to your home cou                   | untry or changing yo                      | our status please fill o        | out a Student Departure                                   | Form instead of this form                              |  |
|   |                                      |   |                                 | Date  |  |  |