

Office of
International Education

OPT SEVIS REPORTING and VALIDATION FORM

Please Return To OIE: Office of International Education Marquette University Holthusen Hall, 4th floor P.O. Box 1881 Milwaukee, WI 53201 michael.groen@marquette.edu

Students with standard post-completion OPT or STEM OPT are required to report changes to the information listed below within 10 days. Reporting via the SEVIS Portal is encouraged for purposes of speed and accuracy, but can also be done via OIE using this Validation Form. Students on STEM OPT must also submit this form to OIE every 6 months during their STEM OPT even if there are no changes to report. (STEM OPT students reporting employment changes should review the STEM OPT reporting requirements as they may need to submit additional documents like an updated I-983.) Failure to report may result in the loss of status.

- employer information (name or address)
- U.S. residence address
- Email address
- employment status (starting or ending a job)
- permanent foreign address
- Phone
- legal name in passport
- legal status in U.S.

Name (Last/Family, First): _____ Date of birth: _____ MU ID: _____

Please indicate your type of OPT authorization: OPT STEM OPT

***STEM OPT students submitting an every 6 month validation report: This report must include the following information even if there has been no change: your full legal name, your current residence address, the name and address of your current employer(s), the date(s) you began work for the current employers. If there has been no change, only provide the information requested. Do not check the box on the left. If the information you are providing is documenting a change, be sure to also check the appropriate box on the left side.**

Instructions: Enter information being reported. Check the box if information represents a change. Use a separate form for each employer.

| | | | |
|--------------------------|----------------------------------|----------------------------------|-------------------------|
| Name Change: | Last/Family _____ | " | First _____ |
| <input type="checkbox"/> | Street: _____ | " | Apt. # _____ |
| <input type="checkbox"/> | City: _____ | " | State: _____ Zip: _____ |
| E-mail address _____ | | | |
| <input type="checkbox"/> | Employer Name: _____ | | |
| <input type="checkbox"/> | Employer Address: _____ | Employer Phone: _____ | |
| <input type="checkbox"/> | Employer City: _____ | Employer State: _____ | |
| <input type="checkbox"/> | Employer Zip: _____ | Employer Country: _____ | |
| <input type="checkbox"/> | Employer Start Date: _____ | Employer End Date: _____ | |
| <input type="checkbox"/> | Employer Job Title: _____ | Employer Job Description: _____ | |
| <input type="checkbox"/> | Employer Industry: _____ | Employer Sector: _____ | |
| <input type="checkbox"/> | Employer Business Type: _____ | Employer Business Size: _____ | |
| <input type="checkbox"/> | Employer Business Address: _____ | Employer Business Phone: _____ | |
| <input type="checkbox"/> | Employer Business City: _____ | Employer Business State: _____ | |
| <input type="checkbox"/> | Employer Business Zip: _____ | Employer Business Country: _____ | |

For OIE use only:
 SEVIS address update: _____ Employer update: _____ DSO initials: _____ Date: _____