

STEM OPT 6 MONTH EMPLOYMENT REPORTING

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657
E-mail: oiss@msu.edu | Web: www.oiss.msu.edu

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: | Phone: |

Employer Information

| | |
|---|---|
| E-Verified Employer's Name: | |
| Job Title: | |
| <input type="checkbox"/> Full Time: more than 20 hours/week | <input type="checkbox"/> Part Time: 20 hours or less/week |
| Explain how employment is related to student's course of study: | |
| | |

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: _____