

STEM OPT EMPLOYMENT FORM

Students with a STEM extension Optional Practical Training must complete this form when applying for extension and every 6 months for verification to avoid termination of SEVIS record. Any employment changes must be reported to your DSO within 10 days of change per Regulations.

Name:		Date:	
JWU ID:	Current Tele	phone Number:	
Student Physical Address:			_
Personal Email Address:			_ _
Related Course Work Commen qualifying major):			
Company Name:			
Dates of Employment: From	To		
End date of previous employmen	t (if applicable):		
New Employer's E-Verify Number	er (if applicable):		
Please check: Full time	Part time		
Work Site Address:			_
Reminder: Students may only ha			I extension.
Please submit this form to your a Shawn Riendeau, Undergraduate (Wesley Roy, Undergraduate (Last a Joanne Gilbert, Graduate & Culinary Emily Canfil, Graduate & Culinary	Last name A-L), <u>SRiend</u> name M-Z), <u>WRoy@jwu</u> ry Students (Last name	<u>ı.edu</u> 401-598-1787 A-L), <u>JYGilbert@jwu.e</u>	<u>edu</u> 401-598-2390
For Office Use Only:			
Received by:	Date Processed:	Pro	ocessed by:
STEM OPT List	FSA Notes	SEVIS	GOAINTL 🗌

Last updated on 3/28/2019