



JOHNSON & WALES
UNIVERSITY

STEM OPT STUDENT RESPONSIBILITY FORM

8 Abbott Park Place, Providence, RI 02903

Phone: 401 598 4669

Fax: 401 598 2267

Today's Date: _____ Student ID #: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone #: _____ Male ☐ Female ☐

Personal Email (NOT School Email): _____

Level: Grad ☐ UG ☐ Major: _____

Company Name: _____ Company Contact #: _____

Work Site Address: _____

I understand that all STEM OPT students must report to their DSO to confirm the validity of certain SEVIS information every six months, starting from the date the extension begins and ending when the student's F-1 status ends or the 24-month OPT extension ends, whichever is first. Any changes to employer must be reported to your DSO immediately. Changing jobs while a STEM extension is pending may result in denial of application.

Signature: _____

Date: _____

For Office Use Only:

Dates to report to DSO		OPT Employment Verification Form	I-983 Training Plan/ Student Evaluation	Registered in SEVIS
Start Date				N/A
6 months			N/A	
12 months				
18 months			N/A	
24 months		N/A		N/A

Received by:

Date Processed:

Processed by:

STEM Excel Sheet ☐

GOAINTL ☐

FSA Notes ☐