

6-Month Reporting Requirement (OPT Extension Only)

Use this form to report to your DSO every 6 months regarding information required by the U.S. government during your OPT Extension period.

Information:

SEVIS ID:	
First name:	
Last name:	
Has your legal name changed? If yes, please enter:	<input type="radio"/> Yes _____ <input type="radio"/> No
Has your company's name changed? If yes, please enter:	<input type="radio"/> Yes _____ <input type="radio"/> No
Has your company's address changed? If yes, please enter:	<input type="radio"/> Yes City: _____ State: _____ Zip: _____ <input type="radio"/> No
Has your supervisor's name, phone number, or email address changed? If yes, please enter:	<input type="radio"/> Yes Name: _____ Phone: _____ Email: _____ <input type="radio"/> No
Has your mailing address changed? If yes, please change in SEVP portal.	<input type="radio"/> Yes <input type="radio"/> No
Have you changed employers? If yes, fill out " <u>Student Reporting While on OPT</u> " form, new I-983, and page 5 of I-983 from former employer.	<input type="radio"/> Yes <input type="radio"/> No
Other changes, if applicable:	
<i>Date</i>	