

Pre/Post-COMPLETION or STEM-OPT Employment Verification Checklist

I. STUDENT INFORMATION					
Student's Full Name:					
SEVIS ID#:					
Current Mailing Addre	:ss:				
Telephone #: Email Address:					
I am currently on:					
Reason for Completing this form?					
II. EMPLOYER INFORMATION					
Please complete the information for your current employer/job offer below:					
Employer Name:			Em	ployer	EIN (Tax ID):
OPT Start & End Date with Current Employer					
End Date with Previous Employer (If Applicable)					
Job Title:					
Your OPT Start and End Date on your OPT Card					
(Please see your OPT Card):					
Is your job Full-time or Part-Time?					
Current Employer Address:					
Supervisor Name (Last	;, First):				
Supervisor Phone#:					
Supervisor Email Addr	ess:				
III. ADDITIONAL DOCUMENTS TO SUBMIT					
Documents to Submit:					
□ Copy of EAD Card (If OPT/STEM-OPT was recently approved)					
□ Letter of Offer from Employer (For new employment or employment change)					
☐ Most recent copy of I-983 (For STEM-OPT only; 12 & 24-month need to have evaluation completed.)					
Briefly explain how this job relates to your major/area of study:					
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