



**International Student and Scholar Services**  
**Henry Barnard Hall, Room 406**  
**Phone: (860)-832-2040**

**STEM OPT REPORT FORM**

6 month       12 month       18 month       24 month

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SEVIS ID #: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_ Full time/Part Time: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Employment Information:**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer EIN: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Contact Phone: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

**By signing below, I certify that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_