

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

	I. STUDEN	IT INFORMATION	
Student's Full Name:			
SEVIS ID#:			
Current Mailing Address	s:		
Telephone #:		Email Address:	
I am currently on:			
Reason for Completing t	this form?		
II. EMPLOYER INFORMATION			
Please complete the information for your current employer/job offer below:			
Employer Name:		Employer EIN (Tax ID):	
OPT Start & End Date with Current Employer			
End Date with Previous Employer (If Applicable)			
Job Title:	<u>.</u>		
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 Addre	ess:		
Supervisor Name (Last,	First):		
Supervisor Phone#:			
Supervisor Email Addres	ss:		
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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:			