

## OPT Reporting Form

*This form is for current OPT students to report any changes to employment or contact information*

FEDERAL REGULATIONS REQUIRE ALL F-1 STUDENTS ON OPT TO INFORM THE OFFICE OF INTERNATIONAL STUDENTS AND SCHOLARS (OISS) OF ANY CHANGES TO EMPLOYMENT, LEGAL STATUS, OR CONTACT INFORMATION WITHIN 10 DAYS. PLEASE COMPLETE THIS FORM AND SUBMIT TO OISS. PLEASE TYPE OR PRINT LEGIBLY.

I am reporting a change to my address or contact information

I am reporting a change to my employment status

*If you would like to report changes to your legal name or status, please send an email to [iss@hpu.edu](mailto:iss@hpu.edu)*

### CONTACT INFORMATION:

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ HPU ID: @ \_\_\_\_\_

Non-HPU Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My current street address: \_\_\_\_\_

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

I have submitted a copy of my EAD card to OISS:  YES  NO  UNKNOWN

I am currently on:  Pre-Completion OPT  Post-Completion OPT  STEM OPT\*

### EMPLOYER INFORMATION:

#### ***Employer 1***

Name of Organization: \_\_\_\_\_

My Job Title: \_\_\_\_\_

Dates of Employment (month/day/year): \_\_\_\_\_ to \_\_\_\_\_

Type of Employment:  Self-Employed\*\*  Unpaid/Internship  Third-party employer  Paid  Other

Average Number of Work Hours per Week: \_\_\_\_\_

Organization Address: \_\_\_\_\_

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

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

Supervisor Phone Number: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Explain how this employment is related to your degree: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\* Students on STEM OPT extension may need to submit additional documentation, an advisor will contact you directly**

**\*\* If you are self-employed, please submit a copy of your business license**

**Employer 2 (if needed)**

Name of Organization: \_\_\_\_\_

My Job Title: \_\_\_\_\_

Dates of Employment (month/day/year): \_\_\_\_\_ to \_\_\_\_\_

Type of Employment:     Self-Employed\*     Unpaid/Internship     Third-party employer     Paid     Other

Average Number of Work Hours per Week: \_\_\_\_\_

Organization Address: \_\_\_\_\_

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

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

Supervisor Phone Number: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Explain how this employment is related to your degree: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Employer 3 (if needed)**

Name of Organization: \_\_\_\_\_

My Job Title: \_\_\_\_\_

Dates of Employment (month/day/year): \_\_\_\_\_ to \_\_\_\_\_

Type of Employment:     Self-Employed\*     Unpaid/Internship     Third-party employer     Paid     Other

Average Number of Work Hours per Week: \_\_\_\_\_

Organization Address: \_\_\_\_\_

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

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

Supervisor Phone Number: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Explain how this employment is related to your degree: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**By signing below, I acknowledge that:**

- Full time OPT employment must be at least 20 hours per week total, on average
- As a student on OPT, I am subject to the 90-day limitation of unemployment
- I must report to OISS within 10 days if any of the following changes occur: (1) legal name change; (2) change of legal status; (3) change of employment; (4) loss of employment/less than full time employment; (5) marriage to an American citizen or permanent resident; (6) change in contact information
- Any work during OPT must be directly related to my major area of study. Failure to work in an area directly related to my major of study is a violation of my F-1 status and may adversely affect my ability to obtain immigration benefits or legally remain in the U.S.
- It is my responsibility to prove the direct relationship between my work and my major of study to the U.S. government
- *While on OPT, I am still under the maintenance of OISS until my OPT end date or until I receive a change of status. Failure to comply with F-1 regulations, failure to complete my reporting requirements as mandated, or failure to respond to required university correspondence may result in a termination of my legal status at which point all work must cease.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_