

17 month STEM Extension OPT Reporting Instructions

Please report **all changes** in living location, periods of unemployment and employment information using this IR-17 Reporting Form.

In addition, use this form for your **MANDATORY 6-month Validation Reporting**. Please submit this no later than the **6 month & 12 month** anniversary date of your Stem Extension start date.

Please **print** the form, **fill** it out completely, and either **scan/email** or **fax** it back to the OIS. Please provide the employment/unemployment information **beginning with your OPT start date** that is specified on your EAD card and don't forget to indicate **employment end dates**, if applicable.

If you need **additional space**, please use another IR-17 form.

Email to: emuois244@gmail.com

Fax to: 1(734)487-0303

Thanks for your compliance with these SEVIS reporting requirements!!

Please proceed to the second page for the IR-17 form

STEM Extension 17 month OPT Information Report

Form IR-17

The US Department of Homeland Security now requires all students on their STEM OPT period to report the following information to the EMU OIS **every 6 months AND within 10 days** of any change.

- Current Local & Permanent **Address** changes, within 10 days
- Name & Address of **Employer** and any change, within 10 days
- Any periods of **Unemployment**

_____ E _____ 1(____) _____
 First Name Last Name E id@ Phone #
 _____@ emich.edu _____@ _____ Valid from _____ to _____
 Emich email Address Personal Email Address EAD Card # EAD Start EAD End

Please check all that apply - The reason (s) I am submitting this form is to update my:

- Local Address Permanent Address 6 month reporting Unemployment Info Employment Info

<input type="checkbox"/> Current Address <input type="checkbox"/> New Address Start Date: _____		<input type="checkbox"/> Local Address <input type="checkbox"/> Permanent Address	
Address Line 1: _____			
Address Line 2: _____			
City: _____		State/Province/Territory: _____	
Country: _____		Postal Code: _____	
Telephone _____		Number: _____	
Country Code: _____		City Code: _____	

Employment Information – Please account for **ALL** days during your OPT 17 period

Employer Information – Please list **ALL** employers worked for during the OPT 17 period

Unemployment Start Date	Unemployment End Date	Number of Days Unemployed	Cumulative # Days Unemployed

Please list **all** employers worked for during this OPT period; attach additional forms if necessary

	1 st Employer	2 nd Employer
Employer Name		
Company E-verify #		
Employer Address		
Supervisor Name		
Supervisor Phone #		
Supervisor Email		
Employment Dates	Start: _____ End: _____	Start: _____ End: _____

Student Signature _____ Date _____

For Office use only: SPAIDEN _____ fssaATLAS _____ SEVIS _____