

International Student Services 5000 N Willamette Blvd, MSC 178 Portland, OR 97203 503.943.7367 | iss@up.edu www.up.edu/iss

12-Month OPT Reporting Requirements to ISS – University of Portland

The U.S. government checks that students with OPT authorization are engaged in practical training experience (work/internships/unpaid professional experience) related to their major area of study.

WARNING: If you do not report your practical training/employment to ISS, the U.S. government may terminate your F-1 SEVIS record 90 days after the OPT start date print on your EAD card. A terminated SEVIS record cancels OPT authorization and requires you to leave the U.S.

Use our 12-Month OPT Reporting Form below to notify ISS about the following updates during your OPT year.

- **Employment/Practical Training information:** Report employment/practical training as soon as you start working. Report employment changes within 10 days.
 - o 12-month standard OPT: Do not exceed 90 days of unemployment.
- Address changes: Report within 10 days of moving.
- Final departure from the U.S. (if earlier than your OPT end date)

Student Name:

UP ID Number:

Student Address Update – complete if you need to update ISS of a new address:

Final departure date from U.S. – complete only if earlier than your OPT end date:					
Postal Code:					
City:	State:				
et Address: Suite or Apartment Number:					

Day:	Month:	Year:

Employer Information

Explain how employment is related to student's course of study (Max 1000 characters)*:

Are you self-employed? YES / NO	
Employer Name:	
Employer EIN (not required, highly recommended):	
Job Title:	
Start Date:	
End Date (if known):	
Full Time or Part Time work?	
Full Time: more than 20 hours/week	
Part Time: 20 or less hours/week	
Employer Address	
Street Address:	Suite or Apartment Number:
City:	State:
Postal Code:	
Supervisor Information	
Last Name:	

Student Statement of Understanding

I have read and understand these requirements, and I understand that the consequences of a failure to comply may include a SEVIS record termination, the immediate loss of my OPT authorization, and having to depart the U.S

Signature:

First Name:

Email Address:

Telephone Number:

Date:

Please return completed form to:

International Student Services, 5000 N Willamette Blvd, MSC 178, Portland, OR 97203

-or-

iss@up.edu