

INTERNATIONAL STUDENT 17-MONTH STEM OPT DATA FORM

Current Name: _____
(as it appears in the passport): (last / family) (first / given) (middle)

Date of Birth: ____/____/____ Person #: _____ - _____

Primary E-mail: _____ Alternative E-mail: _____

Country of Citizenship: _____ Country of Birth: _____

Major: _____ Male _____ Female _____

U.S. Address

Street: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

Employer's Address

Company/Organization's Name:

Address Line 1: _____

Address Line 2: _____

City: _____ State / Province: _____

Postal Code: _____ Phone #: _____

I understand that I must report to ISSS within 10 days any changes in the above information. In addition, I understand that I must report every six months to ISSS to verify the above information.

Signature

Date:

Spouse and Children Residing in U.S.

Family Name First Name Visa Date of Birth Country of Birth Citizenship Relationship

