

Department of Human Resources University of Massachusetts Medical School 333 South Street (South Street Campus) Shrewsbury, MA 01545-2732 USA 508.856.5260 (option 3) fax 508.856.2390

Immigration Services Office

OPT REPORT FORM

This form is designed for UMMS sponsored F-1 visa holders on Post-Completion Optional Practical Training (OPT) to report changes in employer information and local or international address while on OPT. Please remember that changes in U.S. address, international address or OPT employer must be submitted within 10 days following the change to maintain F-1 status.

*DENOTES REQUIRED	FIELD					
* Passport Name:						
					Change of Status	
* SEVIS ID:		* Today's D	Oate:			
* Current U.S. Address (Write "None and your date of departure from the U.S. if your OPT has ended.)			* Internation	nal Addr	ess (Outside of the U.S.	.)
* Mailing Address for UPS Delivery:			* Phone Number			
			* Non UMMS email address			
Report New Employment	 t		<u> </u>			
Date of Hire	Hours Per Week	Job Title	Job Title			
Employer Name				Employer Identification Number (EIN)		
Employer Street Address		Supervisor's First Name		Sup	Supervisor's Last Name	
		Supervisor's Email		Sup	Supervisor's Phone Number	
How is this job related to your UMMS degree? (Attach additional page, if needed.)						
Report End of Employme Last Day of Work Employment	Job Title					
Last Day of Work Em		JOD TILLE				
Other Reporting & Speci	Date of Change of Status (if applicable)					
Please include additional status and receipt number						