

BIOGRAPHICAL INFORMATION		
TODAY'S DATE [MM/DD/YYYY]:		DATE OF BIRTH [MM/DD/YYYY]:
LAST NAME [as it appears in passport]:		FIRST NAME [as it appears in passport]:
UCI EMAIL ADDRESS:		PERMANENT EMAIL ADDRESS:
CURRENT STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE :		CELL PHONE:

EMPLOYMENT INFORMATION FOR CURRENT/NEW EMPLOYER		
REPORTING INFORMATION FOR:	<input type="checkbox"/> POST-COMPLETION OPT <input type="checkbox"/> OPT STEM EXTENSION <ul style="list-style-type: none"> <li>• If you are reporting at 6 months or 18 months, only this form is required.</li> <li>• If you are reporting at 12 months, or at 24 months, include the <b>I-983 Training Plan for Students</b> evaluation with this form.</li> <li>• If you are changing employers/information about employment during OPT STEM, provide the necessary evaluations from your new and old employers by completing the <b>I-983 Training Plan for Students</b> with this form.</li> </ul>	
TYPE OF EMPLOYMENT:	<input type="checkbox"/> FULL-TIME (20 HOURS OR MORE) <input type="checkbox"/> PART-TIME (LESS THAN 20 HOURS)	
EMPLOYER/COMPANY NAME:		
EMPLOYER/COMPANY ADDRESS: (STREET, CITY, STATE, ZIP CODE)		
EMPLOYER IDENTIFICATION NUMBER (EIN):	POSITION/JOB TITLE:	
START DATE [MM/DD/YYYY]:	END DATE [MM/DD/YYYY]:	
SUPERVISOR'S NAME:	SUPERVISOR'S PHONE NUMBER:	SUPERVISOR'S EMAIL:
DESCRIPTION DEMONSTRATING THE RELATIONSHIP OF YOUR WORK TO YOUR DEGREE:		
*See UCI IC OPT/OPT STEM website for examples of description requirements		

PREVIOUS OPT EMPLOYMENT HISTORY (IF ANY)		
COMPANY/EMPLOYER NAME:	START DATE:	END DATE:
COMPANY/EMPLOYER NAME:	START DATE:	END DATE:

I certify that the information provided is accurate and that I am responsible for reporting changes in my local address, employer's name and address, and any employment changes on the I-983 to the UCI International Center within 10 days of their occurrence.	
STUDENT'S SIGNATURE:	DATE (MM/DD/YYYY):