

This **fillable** form is to be used by all TAMUK students on optional practical training (OPT) or academic training (AT), to report a change of address and employment within 10 days of such changes. F-1 Students who are on STEM extensions must report to Office of International Student & Scholar Services (OISSS) every six months, confirming their information, even if there have been no changes. Students on STEM OPT must inform OISSS immediately of 1) material changes to the [Form I-983](#), 2) Termination of practical training experience, 3) change in employer and 4) employer noncompliance. The completed and signed form OISSS-160 can be mailed to OISSS, MSC 176, 700 University Blvd., Kingsville, TX 78363 or emailed to us at oiss@tamuk.edu.

OPT rule imposes limited periods of unemployment to maintain status. The limit is 90 days for students on post-completion OPT, including those with a cap gap extension. Students on 24-month STEM OPT are given an additional 60 days for a maximum of 150-day unemployment limit. In addition, student must complete the first "Evaluation of Student Progress" portion of the Form I-983 within 12 months of the listed STEM OPT start date. At the end of the STEM OPT extension, a student must conduct a second, final assessment. Once the evaluations are complete, the student must collect signatures from their employer and return the Form I-983 to OISSS.

Please note: You must inform OISSS at the beginning of your authorized employment, so we can validate your employment start date.

Part I. Student's Information

1. Your Name:	
2. Phone No.:	3. Email Address:
4. KID No.:	5. SEVIS ID No.: N00
6. Degree:	7. Degree Completion Date:
8. Are you on STEM extension? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, you must submit a new Form I-983, Training Plan for STEM OPT students for each new employer while on STEM OPT. If you stay with the same employer, you are required to submit this Data Validation form every six months.	
9. Present Address:	

Part II. Employment Information

10. Name of Current Employer:	
11. Address of Current Employer:	
12. Job Title:	13. Is this a <input type="checkbox"/> Part-time or <input type="checkbox"/> Full-time position?
14. Date Employment Began:	15. Date Employment Ends:
16. How is the job related to your study?	
17. If you are unemployed, indicate the date your last job ended:	
18. If you hold an F-1 status, how many days of unemployment have you accrued since your OPT employment authorization effective start date?	
19. Name and Address of Former/Last Employer (if applicable):	
20. Job Title:	
21. Date Employment Began:	22. Date Employment Ended:

Part III. Signature

I certify that all the above information provided is true and complete to the best of my knowledge and belief. I further confirm that I will notify OISSS immediately if there are any changes to the information given above.

23. Your Signature:	24. Date of Signature:
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