STEM OPT Extension Change of Employer I-20 Request Form

All information must be typed.

Family/Last Name: ___________________________ First Name: ___________________________

USC ID Number: ___________________________ SEVIS Number: N00

STEM OPT EAD Start Date: ___________________________ STEM OPT EAD End Date: ___________________________

Today’s Date: ___________________________

My STEM OPT Extension application is: □ Pending with USCIS □ Approved by USCIS

Instructions for Requesting New I-20 Due to Change of Employer

Due to OIS: Anytime prior to, or within 10 days after start date with new employer.

Processing time: 7 business days after submission—incomplete and/or incorrect requests will require resubmission.

Step 1: Log into the SEVP Portal and verify previous employer’s information is accurate
- Employment dates cannot be edited by students; indicate the correct employment end date below

Step 2: Complete STEM OPT Extension Change of Employer I-20 Request Form

Step 3: Email the following to OPTSTEM@USC.EDU:
- In email subject line write: Change of Employer: Last Name, First Name — SEVIS ID #
- Attach the following documents as individual PDFs in one email:
  1) Completed STEM OPT Extension Change of Employer I-20 Request Form
  2) Completed Form I-983 for new employer — see USC’s Sample I-983 for guidance
  3) Copy of Form I-983 for previous employer (Pages 1-5) including signed final self-evaluation on Page 5 —disregard this step if STEM OPT start date has not been reached

Step 4: Student will receive electronic copy of the signed change of employer I-20 via email from OPTSTEM@USC.EDU

Previous E-Verified STEM OPT Extension Employer Information (Required)

Company Name: ___________________________

Employer Address:

Street Number and Street Name       Suite #       City       State       Zip Code

Employer EIN: ___________________________ Employment End Date: ___________________________

Current/New E-Verified STEM OPT Extension Employer Information (Required)

Company Name: ___________________________

Employer Address:

Street Number and Street Name       Suite #       City       State       Zip Code

☐ Full-Time (more than 20 hours per week) Employment Start Date: ___________________________

☐ Part-Time (20 hours per week - cannot be less) Employer EIN: ___________________________

Supervisor’s Contact Information

Last Name: ___________________________ First Name: ___________________________

Phone Number: ___________________________ Email: ___________________________