

STEM OPT Extension Change of Employer I-20 Request Form

Revised
03/02/2021

All information must be typed.

Family/Last Name:	_____	Today's Date:	_____
USC ID Number:	_____	First Name:	_____
STEM OPT EAD Start Date:	_____	SEVIS Number:	N00
STEM OPT EAD End Date:	_____		
My STEM OPT Extension application is: <input type="checkbox"/> Pending with USCIS <input type="checkbox"/> 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: Processed and signed Change of Employer I-20 will be sent to student 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
<input type="checkbox"/> Full-Time (more than 20 hours per week)				Employment Start Date:	_____
<input type="checkbox"/> Part-Time (20 hours per week - cannot be less)				Employer EIN:	-

Supervisor's Contact Information

Last Name:	_____	First Name:	_____
Phone Number:	_____	Email:	_____