

## STEM OPT Extension Change of Employer I-20 Request Form

Revised  
9/22/2021

**All information must be typed.**

Today's Date: \_\_\_\_\_

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

USC ID Number: \_\_\_\_\_ SEVIS Number: **N00**

STEM OPT EAD Start Date: \_\_\_\_\_ STEM OPT EAD End 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](mailto: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 (Refer to the [Sample I-983](#) and use the [Reporting Tool](#)) — 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](mailto: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: \_\_\_\_\_