



STEM OPT Employment and Address Update Form

The Department of Homeland Security (DHS) requires all international students to comply with all applicable reporting requirements **within 10 days of any change**. Type and submit the STEM OPT **Employment and Address Update form** along with a **copy of your EAD card** to International Student Services (ISS) only via email at cie-student@csulb.edu as a PDF form use one form per each employer. *Scanned copies will not be accepted.* Find further information about STEM OPT in our [CIE website](#) or visit [USCIS STEM OPT Hub](#).

Last Name:	First Name:	CSULB ID #:
Update for: <input type="checkbox"/> 17-Month STEM OPT Extension		<input type="checkbox"/> 24-Month STEM OPT Extension

Select the reporting requirement(s) most appropriate for this request:				
<input type="checkbox"/> Change of Address <input type="checkbox"/> Complete section 1	<input type="checkbox"/> Change of Employer <input type="checkbox"/> Complete sections 1-3 <input type="checkbox"/> Attach new form I-983 p. 1-4 signed by new employer <input type="checkbox"/> Attach Final evaluation of student progress (form I-983 p. 5) signed by prior employer	<input type="checkbox"/> Validation Report <input type="checkbox"/> Complete sections 1 & 2	<input type="checkbox"/> Annual self-evaluation <input type="checkbox"/> Complete sections 1 & 2 <input type="checkbox"/> Attach evaluation of student progress in form I-983 p. 5	<input type="checkbox"/> Material changes to Form I-983 <input type="checkbox"/> Complete sections 1 & 2 <input type="checkbox"/> Attach updated form I-983 pages 1-4

Section 1 – Student U.S. Residential Address and Contact Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____ Phone number: _____

Section 2- Current Employer Information

Employed (single employer) Employed (multiple employers) Self-employed business owner Unemployed

Name of the company/employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer’s Identification Number (EIN#): _____ E-verify number: _____

Job Title: _____ Start Date: _____ Average number of hrs. Per week you work? _____

Supervisor’s Name: _____ Phone #: _____ Email: _____

Briefly explain how your work is related to course work taken while completing your program of study. Use complete sentences.

Section 3- Prior Employer Information

Name of the company/employer: _____

Job Title: _____ Start Date: _____ End Date: _____

Report end of STEM OPT

Section 4-: Check the appropriate box if you are not participating in OPT/STEM OPT, or if you will end OPT/STEM OPT.

<input type="checkbox"/> I am completing my STEM OPT and exiting the U.S. (Include flight itinerary)	<input type="checkbox"/> I am transferring to a new school. Click here to request to transfer.
<input type="checkbox"/> I am returning to CSULB and will end my STEM OPT.	<input type="checkbox"/> I am no longer in F-1 status for another reason (attach prove of change of status if applicable)