



STEM OPT Employment and Address Update Form

The Department of Homeland Security (DHS) requires students to comply with all applicable reporting requirements within 10 days of the change. This form is only for STEM OPT participants.

Last Name:	First Name:	CSULB ID #:
Update for: <input type="checkbox"/> 17-Month STEM OPT Extension (form I-983 is not required) <input type="checkbox"/> 24-Month STEM OPT Extension		

Select the reporting requirement(s) most appropriate for this request:					
<input type="checkbox"/> Change of Address ⇒ Complete section 1	<input type="checkbox"/> Change of Employer ⇒ Complete sections 1-3 ⇒ Attach new form I-983 p. 1-4 from new employer ⇒ Attach Final evaluation of student progress (form I-983 p. 5) signed by prior employer	<input type="checkbox"/> Validation Report ⇒ Complete sections 1 & 2	<input type="checkbox"/> Annual self-evaluation ⇒ Complete sections 1 & 2 ⇒ Attach evaluation of student progress in form I-983 p. 5	<input type="checkbox"/> Material changes to Form I-983 ⇒ Complete sections 1 & 2 ⇒ Attach updated form I-983 pages 1-4	<input type="checkbox"/> Report Termination of STEM OPT ⇒ Complete Sections 1, 3 and 4 ⇒ Submit supporting documents indicated by the termination option you select.

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	
<input type="checkbox"/> Employed (single employer) <input type="checkbox"/> Employed (multiple employers) <input type="checkbox"/> Self-employed business owner <input type="checkbox"/> Unemployed (skip to Section 3)	
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:

Section 4-: Check the appropriate box to indicate the reason you will end STEM OPT	
<input type="checkbox"/> I am completing my STEM OPT and exiting the U.S. (Include copy of flight itinerary)	<input type="checkbox"/> I am transferring to a new school. Click here request to transfer out.
<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 i.e. form I-797 Approval Notice)

Initial here to confirm the information provided in this form is true and accurate: _____ Date: _____

*Type and submit your request as a PDF file to cie-student@csulb.edu along with a copy of your current EAD
For more information, visit our website at ccpe.csulb.edu/employment or [USCIS STEM OPT Hub](#)*