

Submit this form to International Student & Scholar Services within 10 days of any change in address or employment. Once received, a DSO will make any necessary adjustments to your immigration record to accurately reflect your employment in the United States. Once changes are made, you will be emailed with a confirmation of the changes. If there are any discrepancies, respond to the email with the needed corrections.

Please include a copy of your Employment Authorization Document (EAD) with this form if you have not already done so. Failing to report while on OPT will result in the termination of your I-20.

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

T-Number and Date of Birth: \_\_\_\_\_

Current U.S. Address: \_\_\_\_\_  
Street address City State Zip

Student Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Change in Employment**

Name of Previous Employer: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

**Name of New Employer:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_  
\_\_\_\_\_

**Company EIN:** \_\_\_\_\_ **Hour's student will work per week:** \_\_\_\_\_  Full time  Part time

**Name of Supervisor:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dates of Employment: Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Brief Position Description:** (you may also attach a copy of the position description from the employer)

**Other Update Requests**

I am requesting to end my OPT status so that I can begin a new educational program at SUU. (Include Change of Education Level form.)

I am requesting to end my OPT status so that I can begin a new educational program at a new school. (Include Transfer out Request form.)

I am requesting to end my OPT status because I am leaving the United States.  
• Requested completion date: \_\_\_\_\_

Signature Print Name Date

Office Use: Date Received: _____ Initials of DSO: _____ Date Request Completed: _____
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