

**CHANGE OF STUDENT AND EMPLOYER INFORMATION FORM
FOR STEM DEGREE HOLDERS IN F-1 STATUS
ON POST-COMPLETION OPTIONAL PRACTICAL TRAINING (OPT) EXTENSION**

Instructions for student: You are required by Immigration to report to ISSS immediately your employer's name and address and any interruption of your employment while you are authorized to engage in post-completion OPT. Any changes in your local address, foreign address, and your name must also be reported immediately to ISSS.

In addition, STEM degree holders with an approved 17-month OPT extension must also report to ISSS the following information within 10 days of any change: Legal name, residential or mailing address, employer name, employer address, and/or loss of employment.

Failure to do so will negatively affect your immigration status and your employment eligibility.

Complete this form to notify ISSS of any changes to your name, local or foreign address, and to notify ISSS of your employer's name and address, any changes to the employer information, and any interruption or loss of employment while on OPT. Upon receipt, ISSS will be able to update your SEVIS record and notify U.S. Citizenship and Immigration Services of the changes on your behalf. The change will be effective immediately unless otherwise indicated.

Note: You must also update your address information in the University of Miami's records through www.miami.edu/myum

COMPLETE AND RETURN TO ISSS

Please Print

SECTION I: STUDENT INFORMATION

Last Name _____ First Name _____

Student ID# _____ Major _____

Phone _____ Email _____

SECTION II: NEW ADDRESS

I am changing: Local Current Address
 Permanent Foreign Address

(over)

Street (P.O. Box not allowed) _____

City _____ State _____ Zip _____ Country _____

Signature of Student _____ Date _____

SECTION III: EMPLOYER INFORMATION

1. First Employer's Name _____

Street (P.O. Box not allowed) _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are you still working for this employer? (Circle one) YES NO

Dates employment began _____ ended _____
Month/Day/Year Month/Day/Year

2. Second Employer's Name _____

Street (P.O. Box not allowed) _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are you still working for this employer? (Circle one) YES NO

Dates employment began _____ ended _____
Month/Day/Year Month/Day/Year

3. Third Employer's Name _____

Street (P.O. Box not allowed) _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are you still working for this employer? (Circle one) YES NO

Dates employment began _____ ended _____
Month/Day/Year Month/Day/Year

Signature of Student _____ Date _____

Month/Day/Year