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**OPT EMPLOYMENT UPDATE FORM**


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**DIRECTIONS:** Please complete the following form to update GLOBAL ENGAGEMENT about any of the following changes:

- Name
- Contact Information: Address, Email
- Employment information (attach a copy of new job offer letter).

The U.S. Department of Homeland Security requires our office to monitor the information for individuals who are currently on an approved period of Optional Practical Training (OPT). You are responsible for updating your employment and some personal information via SEVIS Portal.

LAST NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

SCHOOL E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DEGREE LEVEL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ SEVIS ID#: N \_\_\_\_\_

E-MAIL: \_\_\_\_\_ BIRTH DATE: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**REASON FOR UPDATE:**

Change of address New address: \_\_\_\_\_

Change of name New name: \_\_\_\_\_  
\*Please provide copy of new passport

Change of Email Address New Email: \_\_\_\_\_

New employer New employer: \_\_\_\_\_  
\*Please provide offer letter

**START DATE:** DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_ WILL YOU WORK REMOTELY: YES NO HYBRID

EMPLOYER'S EIN – Employer Identification Number: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S PHONE: \_\_\_\_\_ SUPERVISOR'S E-MAIL: \_\_\_\_\_

EXPLAIN HOW EMPLOYMENT IS RELATED TO YOUR COURSE OF STUDY?

Ending employment Current employer: \_\_\_\_\_

END DATE: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If you will be returning to your home country or changing your status, please also fill out a **Departure Verification Form**.