

OPT Employment Update Form

Family/Last Name:	Given/First Name:
Student ID Number:	US Phone Number:
Current Living Address:	

OPT EMPLOYMENT REPORTING REQUIREMENTS:

During OPT authorization, you must report to ISSS any new employment, interruption or end of employment, change of employer name, or change of site of employment. <u>This information must be reported within 10 days of any change</u>. Any change in employment that results in a material change to the I-20 (i.e. employer name, employment dates, change in state/city of site of employment) will result in the issuance of an updated I-20 reflecting the update reported. Please note that your employer name will be listed on your I-20 in the same manner that you report it.

Complete this form to notify ISSS of changes promptly. Email this form to isss@drexel.edu.

PLEASE INDICATE THE CHANGES YOU ARE REPORTING (CHOOSE ALL THAT APPLY):

□ I have a new employer OR some information about my existing employment has changed:

Company name:		
Company address:		
Your position title:	Hours worked per week:	
Start date:	End date (if known):	
I will be working: At company's address Remote, from home Other (provide details below)		
Explain how this employment is related to your major; for example, describe the job responsibilities/tasks required in this position that you learned about during your coursework at Drexel (2-3 sentences):		

□ I have ended existing employment:

Company name:	End date:
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By signing and submitting this form, you are confirming the information above is current and accurate.

Student's Signature: Today's Date:	Student's Signature:	Today's Date:
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