

## 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. **This information must be reported within 10 days of any change.** 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 [iss@drexel.edu](mailto:iss@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):			
REQUIRED: To complete this update, include a JOB OFFER LETTER from the employer when sending this form to ISSS.			

- I have ended existing employment:*

Company name:	End date:
---------------	-----------

By signing and submitting this form, you are confirming the information above is current and accurate.

Student's Signature: _____	Today's Date: _____
----------------------------	---------------------