**CHANGE IN EMPLOYER - STEM OPT FORM**

***For use by current F-1 students, who have graduated from Haverford College, and have changed their 24-Month STEM OPT employer, or have changed their immigration status from F-1 to another category*. *This Form SHOULD NOT be used by students on Pre-Completion or Post-Completion OPT.***

*Since you are changing your employers, submit your SELF-EVALUATION ON PROGRESS OF STEM OPT TRAINING (refer to Form I-983) as well as other requested documents as listed on page 3 along* ***with*** *this Form.*Upon receipt by ISSO, allow 5-10 business days for processing. ISSO will provide an up-dated I-20 Form, Certificate of Eligibility for Nonimmigrant Status, with your employer information.

**Top of Form**

**PERSONAL INFORMATION**

**Last Name:** 

**First Name/Middle Name/Initial**: 

**Haverford College Student ID#:** 

**Other Name(s) Used:** 

**SEVIS ID:** 

**Telephone Phone:** 

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Personal Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY OF STEM OPT EMPLOYMENT**

**\_\_** I had a previous job while on STEM OPT; I now have a **new job**.

**\_\_** I had a previous job while on STEM OPT that I will continue doing; I also have a **second job**.

**\_\_** I had a previous job while on STEM OPT; I am **currently unemployed**.

**PREVIOUS EMPLOYER INFORMATION**

**Start Date** on (Form I-766) EAD Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

**End Date** on (Form I-766) EAD Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

**Previous Employer/Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employment Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

**Previous Employment End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

**CONCURRENT EMPLOYMENT COMMENTS**

If applicable, provide detail on any Concurrent Employment arrangements in the space below.

|  |
| --- |
|  |

**NEW EMPLOYER INFORMATION**

*The following information* **MUST** *be* ***IDENTICAL*** *to the information on your completed* ***FORM I-983*** *that was filled out and signed by your employer.*

***(See Section 3, page 2 of the I-983 under Employer Information)***

**New Employer/Company’s Name:** 

**New Employer Identification Number (EIN):** 

**New Employment Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

***(See Section 5, page 3 under Employer Site Information)***

**Employment Address:**

**Street:**  

**Suite:** 

**City & State**: 

**Zip Code:** 

***(See Section 5, page 3 under Employer Site Information)***

**Supervisor's Information:**

**Official's Last Name:**  

**Official's First Name:**  

**Telephone Number:** 

**E-mail:** ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYED BY HAVERFORD COLLEGE** *(if applicable)*

If employed by Haverford College, provide the Head of the Department’s contact information:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** 

**E-mail:** 

**OTHER REQUIRED DOCUMENTS THAT MUST BE SUBMITTED WITH THIS FORM:**

Due to the sensitive nature of your personal information and that of your employers’ contained in these records, ALL documents must be sent to ISSO via U.S. Postal Service or via an express (FedEx, DHL, or UPS) mail service of your choosing. Electronic copies or any email versions will not be accepted, processed, or acknowledged. This form will not be processed until ALL documents have been received in the acceptable format.

1. **Completed Form I-983 Training Plan** for STEM OPT Students. (*The Form must be signed by you and your employer/supervisor [official with signatory authority] using a blue-ink pen. No digital signatures will be accepted.)*
2. **Evaluation on Student Progress Form** (refer to Form I-983, pg. 6) completed and signed by you. *(The Form must be signed by you and the employer [official with signatory authority] using a blue-ink pen. Digital signatures will not be accepted.)*
3. **Final Evaluation on Student Progress** **Form** for STEM OPT Training (refer to Form I-983, pg. 7). The Form must be completed and signed by you. *(The Form must be signed by you and the employer [official with signatory authority] using a blue-ink pen. Digital signatures will not be accepted.)*
4. **Confirmation letter stating the end of your employment**. The letter should be on the organization’s letterhead, dated and signed by an official with signatory authority using a blue-ink pen. *(Digital signatures will not be accepted.)*
5. **Change of Immigration Status.** If there is a change in your immigration status from F-1 to another category, kindly submit a copy of your **Notice of Action, Form I-797,** which is also referred to as **“notice of approval”**.

**ADDITIONAL COMMENTS?** Kindly use the box below.

|  |
| --- |
|  |

I, *(full name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have read the Optional Practical Training (OPT) information regarding the 24-Month OPT STEM (Science, Technology, Engineering and Mathematics) extension available at Study in the States’ website, and the information I have provided is, to the best of my knowledge, accurate. I fully understand that I am required to submit the Validation Report(s) to Haverford College’s International Student Support Office (ISSO) every 6 (six) months. I fully understand that it is my responsibility to download and complete the Reporting Form on ISSO’s webpage for F-1 international students. I understand that I (and any F-2 dependents of mine) must have current and valid health insurance coverage provided by carriers based and established in the United States of America and not insurance from any insurance company external of the U.S.A. for the duration of my F-1 status. I fully understand that I must submit original documents and not any form of electronic copies to the ISSO. I fully understand I must report address changes in the U.S.A, or permanent (outside) the U.S.A within 10 (ten) days of any change by completing and submitting the Change of Address Form, which can be found on ISSO’s webpage-- <https://www.haverford.edu/sites/default/files/Office/International%20Students/Change-of-Address.pdf>. I fully understand that I am only allowed a total of 150 (one hundred and fifty) days of unemployment while on STEM OPT.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Haverford College’s ISSO use only!**

**Date Received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Processed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1/2020