

# STEM OPT EMPLOYMENT UPDATE

MICHIGAN STATE  
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS

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## THIS FORM TO BE COMPLETED BY THE STUDENT

Last Name:	First Name:	
Date of Birth (mm/dd/yyyy):	PID: A	SEVIS ID #: N
Current EAD Start Date:	Current EAD End Date:	
Non-MSU Email Address:	Student's Street Address:	
City:	State:	Zip Code

### Employer Information

Is this employment <input type="checkbox"/> New Employment <input type="checkbox"/> Change in Current Employer (new information on I-983)		
E-Verified Employer's Name:		E-verify Number:
Employer EIN:	Job Title:	
<input type="checkbox"/> Full Time: more than 20 hours/week	<input type="checkbox"/> Part Time: 20 hours or less/week	
Is this employer a temporary or a staffing agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Temporary or staffing agencies do <b>NOT</b> qualify for STEM OPT Extension
Start Date of NEW employer (month/day/year):	End Date of PREVIOUS employer (month/day/year):	
Explain how employment is related to student's course of study:		

**\*\*\*NOTE: YOU MUST INCLUDE A NEW FORM I-983 WITH THIS FORM\*\*\***

### Employer Address

Address of Company or Organization:		
City:	State:	Zip Code:

### Supervisor Information

Last Name:	First Name:
Telephone Number:	Email Address:

### ATTESTATION

By signing this document, I agree to report any material changes to current employment, change of employers or unemployment to OISS in timely manner as outlined by the [Department Homeland Security STEM OPT requirements](#)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_