

Optional Practical Training STEM Extension Request Form

Date

| Student Information: | | |
|--|---|---|
| Name: | | E-mail/Phone: |
| (Last/ Fami | ly) (First) | |
| Name of Current Employer: | | |
| Address of Current Employe | r: | |
| | | |
| | | |
| Employer's E-Verify Numbe | r· | |
| Employer's E verny rumbe | • | |
| | | |
| employer that is not an E-Ve | rify employer. I understand that | nd appropriate for my degree level. I will not work for any t I must not accrue more than 120 days of unemploymen ling both regular post-completion OPT & STEM extensio |
| | y responsibility to apply for OPT certify that the above information | in a timely manner and that I cannot work without on is true and complete. |
| I will report within 10 days as employment). | ny changes in my legal name, re | sidential address or employer (including loss of |
| starting from the date the ST whichever is first. • Full legal n • SEVIS iden • Current ma • Name and a | TEM extension starts and ending ame tification number (if requested by illing and residential address address of the current employer | |
| ■ Date the stu | dent began working for the curre | ent employer |
| | | |

Student Signature