

STEM OPT Extension Request

First Name:	La	ast Name:		_
UID:	Birth Date:		Gender:	_
U.S. Street Address:				_
City:	State:	Zip:	Phone:	_
Qualifying Degree:		_Degree Level:		_
Email:				_
Employer:				_
Job Title:				<u> </u>
Current OPT Start Date:	C	urrent OPT End	Date:	-
Check All that Apply				
eligible program			eld from a SEVP certified school. To	o see the
I have been grai	nted and am currently in Optio	nal Practical Tra	ining (OPT).	
My employer is	registered in the E-Verify prog	gram.		
I have not alread	dy participated in the STEM O	PT extension at	this degree level.	
I have not alread	dy participated in the STEM C	PT extension tw	ice.	
All of the above must be month Extension.	true to qualify for the STEM C	OPT Extension. I	f you qualify, you may request the	STEM OPT 24-
internationalstudents@t		Form I-983 by fo		a new Form I-20
Signature:			Date:	