

INTERNATIONAL STUDENTS

Optional Practical Training – STEM Extension (c) (3) (C)**To Be Completed by the Student (Please Print)**

Last Name: _____

First Name: _____

Middle Name: _____

Campus ID Number: _____

SEVIS ID Number: **N00** _____ (Required) Date of Birth (mm/dd/yyyy): ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Primary Email: _____ Secondary Email: _____

Please submit the following documentation:

- Application Form – STEM Extension (c) (3) (C)
- Photocopy of Employment Authorization Document (EAD)
- Completed Form I-983 signed by employer

My current Post-Completion OPT employment authorization was granted based on the following:Degree Level Completed at for which you were authorized for OPT:

- Bachelor's
- Master's
- PhD
- Other: _____

Academic Area of Study for which you were authorized for OPT:

- Primary Major: _____
- Secondary Major: _____

Graduation Date (mm/dd/yyyy): ____/____/____

I have secured employment with the employer and location listed below:

Employer Name: _____

Address of Employment: _____

City: _____ State: _____ Zip Code: _____

Human Resources Contact:

Name: _____ Phone Number: _____

Email: _____

Employment Start Date (mm/dd/yyyy): ____/____/____

Please verify that you understand and accept the following items:

- I am currently engaged in a post-completion OPT
- I have inquired and received confirmation from my current/prospective employer that the company is registered in the E-Verify program
- I understand that my employer is required by law to report an immigration coordinator any interruption of employment
- I understand that while I am engaged in the 24-month OPT STEM Extension period I must report the following:
 - Changes in residential local U.S. address (including telephone number and email address)
 - Changes in employment (including unemployment, change of employers, etc.)
- I understand that I must validate my status with an immigration coordinator every six months, starting with the start date of the 24-month OPT STEM Extension period, (i.e. at 6, 12, 18, and 24 months from the start of the extension period) and report the following information:
 - Legal name
 - Residential or mailing address
 - Employer name
 - Employer address
 - Start date of employment
 - Current employment status
- I understand that I must report any changes to this information within 10 days to OIA
- I understand that if any “material changes” occur to the existing I-983 Training Plan, I must submit a modified Training Plan reflecting the changes signed by my employer to OIA
 - Material changes may include:
 - Any change of employer’s EIN
 - Any reduction in student compensation that is not tied to a reduction in hours worked
 - Any significant decrease in hours per week that a student engages in a STEM training opportunity
 - Changes to the employer’s commitments or student’s learning objectives as documented on the Form I-983
- I understand that I must complete a self-evaluation, have it signed by my employer, and submit it to OIA annually

I hereby confirm that the information I have provided in this application is accurate. I have read and understand the requirements that are part of the 24-month OPT STEM Extension Period.

Printed Name of Student: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____

To Be Completed by the Office of International Affairs

Mailed Picked Up at 140 Enarson Classroom Building

SIS Code: _____ CIP Code: _____ EAD End Date: ____/____/____

STEM Eligible: Yes No, explain: _____

Immigration Coordinator: _____ Date Evaluated: ____/____/____

