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**OPT STEM Extension Request Form**

**& Employer Agreement**

**Student Information: To be completed by the student**

Last Name First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address City State Zip SEVIS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Major & Degree (B.S./M.S./Ph.D.) received OPT Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Your extension request will automatically be for 24 months immediately following your current OPT.*

**Student Acknowledgment: (To be completed by the student)**

By Signing below you understand the following (check boxes)

I understand my employment must be related to my field of study

I understand that I am required to report any changes in my name, address, name/location of employer and any periods of unemployment within 10 days of the change to the International Center

I will limit unemployment to no more than 120 days, applied to the entire 29-month period of post completion OPT.

I understand that I must make a validation report to the International Office every 6 months beginning with the start date of my OPT Extension even if nothing has changed.

I agree to these terms and understand that if I do not comply, I will be failing to maintain my F-1 status.

Signature Date

**Employer Agreement: (To be completed by the employer)**

**Please type or print clearly**

The student named above is/will be working at my company in a position directly related to his/her major area of study. My company has enrolled in E-Verify electronic work verification program and is in good standing.

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Employee’s work site) City State \_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Supervisor Phone Number E-mail Position of above Named Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company’s E-Verify Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date