Center for International Education
Office of International Students and Scholars

24-MONTH STEM OPT EXTENSION
Request Form

Complete this form to request the 24– Month STEM OPT extension. Complete Section 1 and 2, then submit this form, along with your other application materials online only.

SECTION 1- Student Information

Student ID Number:	SEVIS Number:
Passport Expiration Date:	Expiration Date on current EAD card:
Family Name:	First Name:
Email Address:	Phone Number:
Home Address :	City, State, Zip Code:
Is this application based in a prior STEM degree? ❏ Yes ❏ No	Qualifying Degree Level: ❏ BA ❏ BS ❏ MA ❏ MS ❏ PhD
Qualifying STEM degree:	Qualifying STEM MAJOR CIP Code:
Date when Qualifying STEM degree was awarded:	Name of School where STEM degree was awarded :

SECTION 2- Current Employer Information

❏ **Employed (single employer)**	❏ **Employed (multiple employers)**	❏ **Self-employed business owner**
Name of the company/employer:		
Employer address:		
City: State:		Zip Code:
Employer's Identification Number (EIN#):	**E-verify number:**	
Your Job Title: Start Date:		Average number of hrs. Per week you work?
Supervisor's Name:	Phone #:	Email:
Briefly explain how your work is related to course work taken while completing your program of study. Use complete sentences.		

SECTION 3- Review and Approval of STEM OPT Request

❏ Application submitted in a timely manner. ❏ Updated U.S. mailing address and contact information. ❏ Student has a Valid Passport Expiration. ❏ Degree included on the STEM Designated Degree Program List.	❏ School where STEM degree was earned is accredited and SEVP certified. ❏ Employer is E-Verified (review form I-765) ❏ Form I-983– Training Plan is complete and valid. ❏Employer Acknowledgement form is complete and signed

The student's request for OPT is: ❏ Accepted ❏ Rejected: _____

Advisor name:_____ Decision :_____