STEM OPT Extension Application Form

Please submit the following documents with your OPT STEM Extension Application:

1. I-983 Training Plan for STEM OPT Students pgs. 1-5
2. Form I-765
3. Copy of the diploma or transcript for STEM degree
4. Copies of all previous EADs issued to you, including your current OPT EAD.
5. Receipt of payment for 24-Month STEM OPT Processing Fee

Your STEM OPT application must be based on employment in a specific position with an E-Verify employer. Please report on the following information for your STEM OPT Employer:

Position/Title: ____________________________ Employer’s Name ____________________________
Employer’s Address ____________________________
Work Hours/Week: ________ Position is (circle one): paid / unpaid E-Verify Number: ________________
Employment Start Date (mm/dd/yyyy) ________________ Employment End Date (mm/dd/yyyy) ________________

Is your site of employment the same location as your employer address? ____ Yes ____ No*

*NOTE: Work through a staffing agency, temporary agency, work at home, or any employment where you will be remotely supervised by the employer completing the Form I-983 as your employer is not appropriate for STEM OPT employment and will not be processed by ISSS. Further, if you are working as part of a consulting team at a client location, your employer must train/supervise you at the client location AND the government must be authorized to visit all work locations.

List all other employment/training positions that you have held since starting your post-completion OPT. If self-employed, list “Self-Employed” under “Employer’s Name”. (Please note that self-employment is not permitted during the period of STEM OPT extension):

Position/Title: ____________________________ Employer’s Name ____________________________
Employer’s Address ____________________________
Work Hours/Week: ________ Position is (circle one): paid / unpaid
Employment Start Date (mm/dd/yyyy) ________________ Employment End Date (mm/dd/yyyy) ________________

Position/Title: ____________________________ Employer’s Name ____________________________
Employer’s Address ____________________________
Work Hours/Week: ________ Position is (circle one): paid / unpaid
Employment Start Date (mm/dd/yyyy) ________________ Employment End Date (mm/dd/yyyy) ________________

I certify that the above information is correct and that my STEM OPT application is based on employment with an E-Verify employer and directly related to my STEM degree coursework.

________________________________________
Student’s Signature

________________________________________
Print Name

__________________________
Date

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