



24-Month STEM OPT Extension Request Form

Instructions: [1] Submit documents listed below to International Office via mail, in person or email to iss@fullerton.edu as PDF file attachments **SINGLE-SIDED PAGES ONLY**. [2] Once STEM OPT Extension I-20 is issued, assemble the STEM OPT Extension Packet (the instruction will be given to you with the I-20) and mail it to USCIS.

- STEM OPT Extension Request Form
- Form I-983
- An evidence of the employer's E-verify enrollment
- Copy of OPT EAD
- Copy of I-94 (front & back or e-version form www.cbp.gov/i94)
- Copy of current Post-Completion OPT I-20
- Copy of Passport page(s) showing Name, Photographs, Date of Birth, Passport Expiration Date
- Copy of Transcript for STEM-eligible degree

NOTES:

Incomplete Packets (including incomplete forms) will NOT be processed.

Please allow **10 business days (minimum)** to process your request upon submission to International Office.

A new I-20 with STEM OPT recommendation will be mailed to you. If you mailed or submitted your paperwork in person, we will also return to you any applicable documents except the Form I-983.

DEADLINES!

You must file your STEM OPT Extension Packet with USCIS within 60 days of the DSO recommendation for 24-month extension. USCIS must receive your STEM OPT Extension Packet before the expiration date of your OPT EAD.

STEM OPT I-20 DELIVERY OPTIONS (PLEASE CHOOSE ONE)

- Standard US Mail: Address _____
City _____ State _____ Postal Code _____
- Express Mail Service: Use instructions on the International Office Website to set up at your own expense (<http://www.fullerton.edu/international/about/mail.aspx>) eShipGlobal Order# _____
- In-person pick-up (or name of authorized person who will pick up): _____

Student's Information:

Name _____ CWID _____

US Street Address: _____

City _____ State _____ Postal Code _____

Email: _____ @ _____ Phone _____

Approved OPT Dates (see EAD card): From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____

Do you have any F2 dependents? No Yes If yes, please provide names below.

SEVIS ID Number	F2 DEPENDENT'S LAST NAME	F2 DEPENDENT'S FIRST NAME

Current Employment Information:

Your Job title: _____ Employment Start Date: _____

Supervisor's First Name _____ Supervisor's Last Name _____

Supervisor's Email: _____ @ _____ Phone _____

E-Verify Company Name: _____ E-Verify Number: _____

Employer's Street Address: _____

City _____ State _____ Postal Code _____

Provide physical location info only if different from Employer's Address listed above.

Physical Work Location/Street Address: _____

City _____ State _____ Postal Code _____

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OPT EMPLOYMENT HISTORY: Please provide complete employment history information for the entire time on approved post-completion OPT from most recent employer information. Include periods when you had no employment. Incomplete OPT Employment information will delay processing of your STEM OPT Extension request.

Employment Start Date (MM/DD/YYYY)	Employment End Date (MM/DD/YYYY)	Employer Information	
		Job Title: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Supervisor's Name: _____ Supervisor's Email: _____ Supervisor's Phone: _____	<input type="checkbox"/> Full-time (more than 20hrs/wk) <input type="checkbox"/> Part-time (20 or less hrs/wk) 9 digit Employer EIN: _____ <hr/> Description of Employment Relevance: _____
		Job Title: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Supervisor's Name: _____ Supervisor's Email: _____ Supervisor's Phone: _____	<input type="checkbox"/> Full-time (more than 20hrs/wk) <input type="checkbox"/> Part-time (20 or less hrs/wk) 9 digit Employer EIN: _____ <hr/> Description of Employment Relevance: _____
		Job Title: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Supervisor's Name: _____ Supervisor's Email: _____ Supervisor's Phone: _____	<input type="checkbox"/> Full-time (more than 20hrs/wk) <input type="checkbox"/> Part-time (20 or less hrs/wk) 9 digit Employer EIN: _____ <hr/> Description of Employment Relevance: _____

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