

# CAP-GAP Extension Request FAX Cover Sheet

To: **CSUF International Student Services**

Fax: **657-278-7292**

From:

Date:

Re: **H1B Cap-Gap I-20 Request**

# of Pages:

Your CWID:

Current United States mailing address:

Current mailing address (even if same as residential address):

Phone number:

Current employer information

Company name:

Company address:

Supervisor's name:

Company phone number:

Company email address:

*Please fax this cover sheet, along with a copy of your OPT EAD card and Notice Receipt (evidence of H1B petition files) to 657-278-7292. Please allow 15 days (minimum) for processing this request.*

# Confidential