

OPT 24-month STEM Extension Request Form

I. Student Information:

Last Name _____ First Name _____
 Local Address _____ City _____ State _____ Zip _____
 FVSU Student ID# _____ SEVIS ID# N _____
 FVSU E-mail _____ Personal E-mail _____
 Home/Cell Phone Number _____ Work Phone _____
 Major _____ Degree (B.S./M.S.) _____

OPT Expiration Date _____

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

Please list all periods of unemployment during current OPT period (Start and End dates)

Do you have dependents currently in the U.S. on F-2 status? Yes No

II. Prior STEM Degree (if applicable): *Please complete this section ONLY if you are requesting an extension based on a prior STEM degree*

Major & Classification of Instructional Program (CIP) code* _____

Degree (B.S./M.S.) _____ Date of degree _____

School name & code _____ School location _____

Visa type at time of degree _____

I have verified that this institution has been accredited by a national or regional accrediting body recognized by the U.S. Department of Education

I have verified that this institution is currently [SEVP certified](#)

*This may be found on page 1 of new form I-20 or page 3 of old form I-20; otherwise consult with degree-granting institution

III. Student Acknowledgment:

By signing below you understand the following: (Please check the boxes)

- I understand my employment must be related to my field of study
- I am aware that my employers may contact the IC in the future to give pertinent information regarding my employment
- I will limit unemployment to no more than 150 days, applied to the entire 36-month period of post completion OPT.
- I understand that I am required to report the following changes to the International Center within 10 days:
 - Change of your name
 - Change of your home address
 - Change of the name and/or address of your employer
 - Any period of unemployment
- I understand that I must submit a new Form I-983 if there are any material changes to my training plan under my current employer OR if I change my employer.
- I understand that I must make a validation report to the International Center every 6 months beginning with the start date of my OPT Extension even if nothing has changed, as well as the "Evaluation of Student Progress" portion of the I-983 every 12 months.
 - 6-month Validation Date (mm/dd/yy):** (____ / ____ / ____)
 - 12-month Validation & Self-Evaluation Date (mm/dd/yy):** (____ / ____ / ____)
 - 18-month Validation Date (mm/dd/yy):** (____ / ____ / ____)
 - 24-month Validation & Self-Evaluation Date (mm/dd/yy):** (____ / ____ / ____)

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 _____