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1126 North Brookhurst Street, Suite 200, Anaheim, CA 92801

Tel: 714.533.3946 Fax: 714.533.7778

## **OPTIONAL PRACTICAL TRAINING (STEM EXTENSION) REQUEST FORM**

This is an application for the 24-month extension of OPT based on the government classified STEM fields of Science, Technology, Engineering and Mathematics. Bring/send your passport, I-94, I-20 and current EAD to the ISA office when making this request. You also need to submit the form I-765 and form I-983 available on the USCIS website or sent to you by the ISA office.

STUDENT INFORMATION:			
LAST NAME:	FIRST NAME:	FIRST NAME:	
CALUMS ID#:	OPT END DAT	OPT END DATE:	
MAJOR: Economics (CIP Code: 45.0603)	DEGREE:	Master of Science	
EMPLOYER'S INFORMATION:			
COMPANY NAME:			
ADDRESS:			
NAME OF SUPERVISOR:	ME OF SUPERVISOR: SUPERVISOR'S EMAIL:		
EMPLOYER'S NAME UNDER E-VERIFY:			
EMPLOYER'S E-VERIFY ID#:			
<ul> <li>I am applying for the STEM OPT extension and confirm</li> <li>My employer is registered in the E-Verify syste</li> <li>I am required to report to CalUMS ISA office ex STEM OPT. I will provide the CalUMS ISA office</li> <li>I will notify the CalUMS ISA office within 10 day employer name and/or address, loss or interrul</li> <li>I have notified my employer that I must report employment or if I have been absent without at I may not be unemployed for more than 150 day OPT combined)</li> <li>I will maintain my email address updated and resulting this is a once in a lifetime benefit</li> <li>It is my responsibility to abide by the regulation F-1 status. I understand that failure to abide by ability to work and otherwise remain in the U.S.</li> </ul>	m very 6, 12, and 18 months with my name, address a ys, if there are any chang ption of employment. to CalUMS ISA office wit authorization for five days ays during my entire 36 m read notices from the ISA ons governing the F-1 OPT of the requirements will te	s starting from the start date of the and employer name and address. es in: my legal name, address, hin 48 hours of my leaving the current s or more. nonths of OPT (regular OPT and STEM office	
Signature		Date	

Reviewed/ Approved by: \_\_\_