CalUMS
CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

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:
CALUMS ID#:	OPT END DATE:
MAJOR: *Computer Information Systems (CIP Code: 11.0101)*	DEGREE: *Master of Science*

EMPLOYER'S INFORMATION:

COMPANY NAME:

ADDRESS:

NAME OF SUPERVISOR: SUPERVISOR'S EMAIL:

EMPLOYER'S NAME UNDER E-VERIFY:

EMPLOYER'S E-VERIFY ID#:

I am applying for the STEM OPT extension and confirm I have read and understand the requirements, including:

- My employer is registered in the E-Verify system
- I am required to report to CalUMS ISA office every 6, 12, and 18 months starting from the start date of the STEM OPT. I will provide the CalUMS ISA office with my name, address and employer name and address.
- I will notify the CalUMS ISA office within 10 days, if there are any changes in: my legal name, address, employer name and/or address, loss or interruption of employment.
- I have notified my employer that I must report to CalUMS ISA office within 48 hours of my leaving the current employment or if I have been absent without authorization for five days or more.
- I may not be unemployed for more than 150 days during my entire 36 months of OPT (regular OPT and STEM OPT combined)
- I will maintain my email address updated and read notices from the ISA office
- I realize this is a once in a lifetime benefit
- It is my responsibility to abide by the regulations governing the F-1 OPT STEM extension and to maintain the F-1 status. I understand that failure to abide by the requirements will terminate my F-1 status and thus my ability to work and otherwise remain in the U.S.

Signature_____   Date_____

UPDATED 5/04/2016   Reviewed/ Approved by: _____ Date: _____