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## STEM OPT EXTENSION REQUEST FORM

Please read the 24-Month STEM OPT Extension rules and requirement before completing this form. Submit all the required materials at once to [international@eku.edu](mailto:international@eku.edu). Please allow up to **5 business days** for processing.

### STUDENT PERSONAL INFORMATION

Name: \_\_\_\_\_  
Family/Last First Name Middle  
EKU ID#: \_\_\_\_\_ SEVIS (I-20) ID#: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TYPE OF STEM OPT EXTENSION REQUEST

**24-Month STEM OPT Extension Based on the Most Recent STEM Degree from EKU.**

Degree Level:  Bachelor  Master  Doctorate.

Major: \_\_\_\_\_

**24-Month STEM OPT Extension Based on Previous STEM Degree.** The degree must be from an accredited and SEVP-certified U.S. school received within the past 10 years. Use the following link to search if the school is SEVP-certified: <https://studyinthestates.dhs.gov/school-search>.

**School Information:** Ask the International Office at your previous school to provide you with the School Code and CIP Code. A list of eligible CIP Codes are available here: <https://studyinthestates.dhs.gov/eligible-cip-codes-for-the-stem-opt-extension>.

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School Code: \_\_\_\_\_  
Major: \_\_\_\_\_  
CIP Code: \_\_\_\_\_  
Degree Level: \_\_\_\_\_  
Date Degree was awarded: \_\_\_\_\_

**CURRENT EMPLOYER INFORMATION**

Your Job Title: \_\_\_\_\_

Explain how your employment is related to the field of study completed: \_\_\_\_\_

\_\_\_\_\_

Are you self-employed?  Yes  No

Employer Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site of Employment Address (If different from above address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's E-Verify Company Identification Number: \_\_\_\_\_

Employer's EIN: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Last Name

First Name

Supervisor's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of hours you work per week:  20 hours or more  Less than 20 hours

Employment start date: \_\_\_\_\_

Choose one.  I have left or will leave this company and my last day of employment was/is \_\_\_\_\_

I plan to continue working for this company during my STEM OPT Extension

**STEM OPT EXTENSION EMPLOYER INFORMATION (If different from current employer)**

Your Job Title: \_\_\_\_\_

Explain how your employment is related to the field of study have completed: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site of Employment Address (If different from above address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer E-Verify ID Number: \_\_\_\_\_ Employer Identification Number (EIN): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Last Name

First Name

Supervisor's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of hours you work per week:  20 hours or more  Less than 20 hours

I plan to start working at this company on: \_\_\_\_\_

## EMPLOYMENT HISTORY

Did you work somewhere else other than your current/last employment?  Yes  No

If yes, please list all the other employment (paid or unpaid) you did while on Post-Completion OPT, otherwise SKIP this section.

### Employer 1

Your Job Title: \_\_\_\_\_

Were you self-employed?  Yes  No

Employer Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of hours you work per week:  20 hours or more  Less than 20 hours

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

### Employment 2

Your Job Title: \_\_\_\_\_

Were you self-employed?  Yes  No

Employer Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of hours you work per week:  20 hours or more  Less than 20 hours

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

**Note:** If you worked for additional employers, please provide the above information in a separate sheet of paper.

## RECEIVING YOUR STEM OPT I-20

Please choose delivery method below to receive your new I-20.

- Pick up in Person.** You can pick up your new OPT extension I-20 in person from Whitlock Bldg., Room 455.
- Express Mail Service.** OISSS can send your I-20 by express mail via eShipGlobal at **your own cost**. Follow the directions at: <http://international.eku.edu/pre-departure#i-20> to set up and pay for your express mail order.
- US Postal Service.** OISSS will mail your new I-20 using regular U.S. mail, standard delivery at no cost to you. Please note that it may take up to 5 additional business days for the mail to reach you.
- Pick up by Friend or Relative.** Picture ID will be required for your friend/relative to pick up your I-20.

Name of friend/relative \_\_\_\_\_ Phone number: \_\_\_\_\_

## STUDENT CERTIFICATION

I confirm that I have read the requirements for maintaining my status while on the 24-month OPT STEM extension and understand that:

- I must submit a validation report to OISSS every 6 months to confirm my US address, employer name, and employer address.
- I must report any changes of U.S. address, name, employment (including loss of employment) to OISSS within 10 days of such change.
- I must submit to OISSS two (2) self-evaluations found on Form I-983, the first one within 12 months of the STEM OPT start date and the second one prior to the conclusion of my STEM OPT extension.
- I must submit to OISSS a new Form I-983 within 10 days if I begin a new employment or any time there is a change in the terms and conditions of the original I-983.
- I must notify OISSS within 10 days if I decide to depart the U.S., return to school full time, or if I change my visa type.
- I must report all periods of Unemployment to OISSS within 10 days.

**I understand that failure to follow these requirements will result in the termination of my F-1 status and loss of employment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_