OPT EXTENSION REQUEST

Complete form, print, then sign

Name: SEVIS # N

Address:

Phone Number: E-mail address:

Employer Name:

Job Title:

How is your employment directly related to your major field of study? (two sentences maximum)

Is this OPT Extension based on the same degree as your post-completion OPT? ☐Yes ☐No

If no, complete the following about the institution where your STEM degree was awarded:

School Name:

Degree Level: ☐Bachelor's ☐Master's ☐Doctorate

Major: CIP code:

*Must submit OFFICIAL transcript and copy of I-20 from previous school showing degree awarded to include in application.

Please list all employers and employment dates during your post-completion OPT:

Employer: Start date: End date:

Employer: Start date: End date:

Employer: Start date: End date:

Employer: Start date: End date:

Signature: _____ Date: _____

Revised 3/5/2018