



OPT STEM I-20 EXTENSION REQUEST FORM

Please allow one week for processing.			
First Name, Middle Initial	Last Name	M Number	Telephone
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of F-2 dependents	Millersville Email
Current Address			

ELIGIBILITY CRITERIA FOR THE 24-MONTH OPT EXTENSION. PLEASE READ.

- Students who have already been approved for 12 months of post-completion OPT; **and**
 - Who are in the final 90 days of that OPT; **and**
 - Have earned a degree in a field included on the U.S. Government’s list of Science, Technology, Engineering, and Mathematics (STEM) fields-refer to the [STEM Designated Degree Program list](#); **and**
 - Who are employed in a job directly related to his/her field of study; **and**
 - Who are working for an employer that is enrolled in the U.S. Government’s E-Verify program
- can apply for an OPT STEM extension. Note that all five of the above criteria must be met to be eligible for the 24-month extension.

CHECKLIST OF REQUIRED DOCUMENTS

- Copy of your passport page(s) showing your picture, biographical information, and its expiration date
- Copy of the most recent [I-94 record](#)
- Copy of your current OPT I-20, pages 1 and 2
- Copy of your current Employment Authorization Document (EAD) (both sides)
- An unofficial transcript downloaded from MAX showing degree conferment
- Completed [Form I-765](#) with STEM code (c)(3)(c)
- Completed [Form G-1145](#)

EMPLOYMENT INFORMATION

Job Title	EAD Card Valid From	EAD Card Expiration	CIP Code on I-20 (approved as STEM Code)
Supervisor’s Name	Supervisor’s Telephone Number and Email		
Employer’s Name	Employer’s Address		

READ THIS STATEMENT BELOW AND SIGN

- I certify I have read the [OPT information about STEM extension](#) available on the Office of International Programs and Services website.
- I understand I (and any F-2 dependents) must have Millersville University approved health insurance for the duration of my (our) F status.
- I understand I must report any address changes, current (U.S.) or permanent (outside U.S.) to the Office of International Programs and Services and through MAX within 10 days of the change.
- I understand that I am required to make a validation report to the Office of International Programs and Services every 6 months.

Signature: _____ Date: _____