

OPT STEM I-20 EXTENSION REQUEST FORM

Please allow one week for processing.			
First Name, Middle Initial		Last Name	
Student ID Number		Telephone	
Date of Birth (mm-dd-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nr. of F-2 dependents	Millersville Email
Current Address (Full Street Address, City, State Zip)			
ELIGIBILITY CRITERIA FOR THE 24-MONTH OPT EXTENSION. PLEASE READ.			
<ul style="list-style-type: none"> 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 <p>Note that all five of the above criteria must be met to be eligible for the 24-month extension.</p>			
CHECKLIST OF REQUIRED DOCUMENTS			
<input type="checkbox"/> An unofficial transcript downloaded from MAX showing degree completion <input type="checkbox"/> Completed Form I-983 <input type="checkbox"/> Check or Money Order for filing fee made payable to "Department of Homeland Security". Visit the USCIS website for the filing fee amount: https://www.uscis.gov/i-765 . <input type="checkbox"/> Two passport sized photos. Refer to Department of State photo guidelines <input type="checkbox"/> Completed Form G-1145 <input type="checkbox"/> Completed Form I-765 <input type="checkbox"/> Copy of most recent I-94 arrival/departure record <input type="checkbox"/> Copy of your current Employment Authorization Document (EAD) (both sides) <input type="checkbox"/> Copy of passport biographical page <input type="checkbox"/> Copy of F1 visa page or Change of Status approval if you don't have an F-1 visa <input type="checkbox"/> Copies of <u>all</u> your (not dependent's) current and previous I-20s (page 1 & 2)			
EMPLOYMENT INFORMATION			
Job Title	EAD Card Valid From	EAD Card Expiration	CIP Code (on I-20, STEM Code)
Supervisor's Name	Supervisor's Telephone Number and Email		
Employer's Name	Employer's Address (Full Street Address, City, State Zip)		
READ THIS STATEMENT BELOW AND SIGN			
<ul style="list-style-type: none"> I certify I have read the OPT information about STEM extension available on the Warfel Center for 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 Warfel Center for 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 Warfel Center for International Programs and Services every 6 months. I understand this form must be completed in DocuSign or submitted physically with a wet signature. 			
Signature:		Date:	