

International and Exchange Student Center
Optional Practical Training Extension for STEM Students (STEM OPT)
Request Form

Please complete:

STUDENT'S INFORMATION

Today's Date: _____

Last Name: _____ First Name: _____

CSUN ID: _____ SEVIS ID: _____

U.S. Address: _____

Street # Street Name Apt#

City State Zip Code

Phone Number: _____

Email Address: _____

Alternate Email Address: _____

Degree Level: _____ Major: _____

Program Completion Date: _____

STEM OPT EMPLOYER INFORMATION (This section should match Section 5 of Form I-983)

Employer/Company Name: _____

Employer/Worksite Address: _____

Street # Street Name Apt#

City State Zip Code

Employer E-Verify ID Number: _____

Employer ID Number (EIN): _____

Student's Job Title or Position: _____

Employer Official/supervisor's Name: _____

Employer Official/supervisor's Contact Number: _____

Employer Official/supervisor's Email Address: _____

Check this box if you and your employer have completed the Form I-983 – Make sure to include the Form I-983 when submitting the STEM OPT request and supplemental documents.

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TO BE COMPLETED BY FSA

Verified STEM Major

Verified major in PS / SEVIS / Master Roster match

Previously obtained STEM degree. Received and reviewed transcript.

Verified current U.S. address

Passport valid 6 months into future (expires _____)

Needs passport renewal

Passport renewal copy received _____

Received Form I-983 for completeness. Please make sure it follows the STEM Rule.

Change DSO Name on PS I-20

Add OPT Ext in PS

Add OPT Ext in SEVIS, Print I-20

Update Master SPRDSHT

Emailed student the application deadline and to come for STEP 2.

Other: _____

OPT STEM Ext Docs were reviewed by (FSA Name): _____

Date that FSA entered the OPT STEM Ext recommendation in SEVIS: _____

International and Exchange Student Center

Optional Practical Training Extension for STEM Students (STEM OPT)
STATEMENT OF UNDERSTANDING AND ACKNOWLEDGEMENT

To be read and signed by the student AND the employer applying for the STEM OPT Extension.

(1) I have earned a bachelor’s, master’s, or doctoral degree from a school that is accredited by a U.S. Department of Education-recognized accrediting agency and is certified by the Student and Exchange Visitor Program (SEVP). I have received a STEM degree in one of the degree programs on the current [STEM Designated Degree Program List](#), published on the SEVP Website.

- Previously obtained STEM degree- I understand that if I am currently participating in a 12-month period of POST-OPT based on a non-STEM degree, I am eligible to use a prior STEM degree earned from a U.S. institution of higher education to apply for a STEM OPT extension. I certify that I have received both degrees from currently accredited and SEVP-certified institutions, and that I have not received a STEM OPT extension based on this prior degree. The STEM practical training opportunity must be directly related to the previously obtained STEM degree.

(2) In order to maintain my STEM OPT status, I understand that I have reporting responsibilities. I will report to the IESC office every 6 months to confirm my employer information. While on STEM OPT I must report any changes (such as legal name, U.S. address, Employer information and periods of unemployment) to the IESC office within 10 days of change. I will complete the [Form I-983 Mentoring and Training Plan](#) with my employer. And I am aware that there is an annual self-evaluation that is required to report my progress with my practical training. The student must complete the first “Evaluation of Student Progress” portion of the Form I-983 page 5 within 12 months of the listed STEM OPT start date. There is also a final evaluation portion of the Form I-983 page 5 which is required at the end of my STEM OPT extension. I am aware that my Employer must sign the evaluation reports prior to submission to iesc@csun.edu.

(3) My employer is registered in the E-Verify employment verification system. The employer is in good standing in the E-Verify employment verification system.

(4) My employer agrees to report the termination or departure of my OPT to the DSO at IESC or through any other means or process identified by DHS if the termination or departure is prior to end of the authorized period of OPT. Such reporting must be made within 5 days of the event. My employer shall consider a worker to have departed when the employer knows that I have left the employment or if I have not reported for work for a period of 5 consecutive business days without the consent of the employer, whichever occurs earlier.

(5) My employer agrees to complete the Form I-983. If and when any material changes occur in this form, I agree that I must submit an updated Form I-983. If I change employers I must submit a new Form I-983 to the IESC office within 10 days of starting the new practical training.

(6) My employer agrees to report my termination or departure to the FSA or through "any other means or process identified by DHS" within 5 days of termination of employment. An employer must consider a worker to have departed when the employer knows the student has left employment, or if the student has not reported for work for a period of five consecutive business days without the employer's consent.

(7) I understand that the *Duration of status while on post-completion OPT* is defined as the period beginning when my OPT Extension application was properly filed and pending approval, including the authorized period of post-completion OPT, and ending 60 days after the OPT employment authorization expires (allowing me to prepare for departure, change educational levels at the same school, or transfer my SEVIS record to another degree program or educational institution).

(8) I understand that during post-completion OPT my F-1 status is dependent upon employment. I may not accrue a total of more than 90 days of unemployment during any post-completion OPT carried out under the initial post-completion OPT authorization. If I am granted a 24-month OPT extension, I may not accrue a total of more than 150 days of unemployment during the total OPT period comprising any post-completion OPT carried out under the initial post-completion OPT authorization and the subsequent 24-month extension period.

(9) I understand that I am applying for the STEM OPT Extension prior to my EAD expiration date but no later than my EAD expiration date. In addition, I understand that my OPT STEM Extension application must be received by USCIS within 60 days of the date on which the Foreign Student Advisor issued the STEM OPT Extension I-20.

(10) My employer and I have read and reviewed the 24-month STEM OPT information guide available on the IESC’s website.

I have read and understand the above information provided by the International and Exchange Student Center (IESC) at California State University, Northridge.

Print Name: _____

CSUN ID: _____

Signature: _____

Date: _____

Printed Name of Employer Official/
Supervisor: _____

Company Name: _____

Employer Official/supervisor’s signature: _____

Date: _____