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:

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<thead>
<tr>
<th>Street #</th>
<th>Street Name</th>
<th>Apt#</th>
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City | State | Zip Code |

Phone Number: (______) ____________________________

Email Address: ________________________________________________________________

Alternate Email Address: ______________________________________________________

Degree Level: ____________________________

Major: ____________________________

Program Completion Date: __________/___________/___________

**STEM OPT EMPLOYER INFORMATION**

Employer/Company Name: _____________________________________________________

Employer/Worksite Address:

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</table>

City | State | Zip Code |

Employer E-Verify ID #: _______________________________________________________

Employer ID Number (EIN): ___________________________________________________

Job Title or Position: ________________________________________________________

Employer Official/supervisor’s Name: __________________________________________

Employer Official/supervisor’s Contact #: (______) _____________________________

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.
DO NOT COMPLETE THIS PAGE UNTIL PROMPTED TO DO SO BY THE FSA.

OPT STEM Extension STEP 2 Acknowledgement
 *(To be completed at OPT STEP 2.)*

**Date of OPT Step 2:** _________________

I understand that USCIS must have my application by:

______________________________
*(60 days from the OPT recommendation date)*

**Student’s Signature** ___________________________ **Date:** _________________

**FSA’s Signature** ___________________________ **Date:** _________________

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**TO BE COMPLETED BY FSA**

___ Verified STEM Major
___ 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 and SEVIS BIO
___ Update Master SPRDSHT
___ Update Stu Summary Sheet
___ 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: _________________
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 at https://www.ice.gov/sites/default/files/documents/Document/2016/stem-list.pdf

- 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 6 within 12 months of the listed STEM OPT start date. There is also a final evaluation portion of the Form I-983 page 7 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 I983 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 5 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 _____ / _____ / _______