

## Request for 17-Month STEM Extension of OPT

Complete this form and submit it to the International Student & Scholar Services office. ISSS will issue your new I-20 and send it to you to use in submitting your application for your STEM extension.

<b>INFORMATION ABOUT YOU</b>	
<b>Name:</b>	
<b>Current home address:</b>	
<b>Current email:</b>	
<b>Current telephone:</b>	
<b>Address where the I-20 should be mailed to you for inclusion with your STEM OPT application:</b>	
<b>INFORMATION ABOUT YOUR PROGRAM OF STUDY AT CATHOLIC UNIVERSITY OF AMERICA</b>	
<b>Degree Level:</b>	
<b>Field of Study:</b>	
<b>INFORMATION ABOUT OPT AUTHORIZATION</b>	
<b>Expiration date of current OPT:</b>	
<b>Have you ever been given a STEM extension of a previous period of OPT?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Stop: you may only have one STEM extension.
<b>INFORMATION ABOUT YOUR STEM EMPLOYER</b>	
<b>Do you have an employer?</b>	<input type="checkbox"/> Yes, I have a job or job offer with the following employer that is registered with E-Verify: Name: Address:  <input type="checkbox"/> No. Stop: You must have employment/offer of employment with an E-Verify employer to be eligible.
<b>REQUIRED ATTESTATIONS</b>	
<b>Read and place a check mark in the brackets before each of the statements on the right to indicate you understand and agree to your obligations during your STEM extension:</b>	<input type="checkbox"/> During the period of STEM-related OPT, I understand that I may only be employed by an employer registered with E-Verify. <input type="checkbox"/> My employer agrees to notify ISSS within 48 hours if my employment with them ends before the end of my authorized period of OPT or if I have not reported for work for 5 consecutive days. <input type="checkbox"/> It is my responsibility to notify ISSS of any changes in my name, my home address, my mailing address, my employer's name and/or address, and any gain/loss of employment. <input type="checkbox"/> I must send ISSS an OPT validation report every 6 months while on STEM-related OPT.
<b>Signature:</b>	
<b>Date:</b>	

Return completed form to ISSS 315 McMahon Hall, fax: 202-319-5894 or email a scanned copy to [issc-cua@cua.edu](mailto:issc-cua@cua.edu).