

# STEM Optional Practical Training (STEM OPT) Extension Request

Complete this form to request DSO recommendation for STEM OPT. You are **required** to have employment at the time of submission; this request **must** be submitted with an [employer offer letter](#) and a completed I-983 Training Plan. If the [ISS STEM OPT Onboarding](#) module is not completed, this request will not be processed.

## STEP 1: STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_

US Street Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## STEP 2: SUBMIT COMPLETED I-983 TRAINING PLAN

This request form will not be accepted with a completed [I-983 Training Plan](#). This plan must be completed by both you and your employer. Please see the [STEM OPT Training Plan Guide](#) to assist with completing your plan.

## STUDENT CERTIFICATION

My signature certifies the validity of the information submitted on this form, that I have completed the required STEM Learning Module and meet all criteria for applying for the STEM OPT employment benefit. I affirm that I am responsible for adhering to the STEM OPT criteria and immigration regulations and understand I **must**:

- **If changing from post-OPT Employer:** Submit a [final self-evaluation \(Page 5 of I-983\)](#) prior to starting STEM OPT with my previous employer (if you do not change employers, **this is not required** at the conclusion of post-OPT).
- Submit a STEM OPT validation report **every 6 months** to confirm my US address, employer name, and employer address.
- Report changes to my address, name, and employment **within 10 days of the change**, to include periods of unemployment.
- Complete **two (2) self-evaluations** while on STEM OPT from the I-983:
  - The first one **within 12 months** of the STEM OPT start date
  - The second one **prior to the conclusion** of my STEM OPT extension
- Submit a new I-983 **within 10 days**, if I begin new employment (or start a new contract with the same employer) or any time there is a change in the terms and conditions of the original I-983.
- Provide notification **within 10 days** if I decide to depart the US to request a DSO [Travel Signature](#) return to school full time or wish to change my visa type.
- Notify ISS if I determine I no longer wish to complete OPT and want to end my work authorization early.

**I understand that failure to follow these requirements and all immigration regulations for studying or working in the US will result in the termination of my F-1 status and loss of employment.**

Student Signature and Date: \_\_\_\_\_