



Request for OPT 17-MONTH STEM Extension

This form is provided for your convenience. The information requested is needed to comply with US Citizenship and Immigration Services (USCIS) regulations. All of the information indicated on this form is required. **PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL EDUCATION & PROGRAMS.**

Applicant Name: _____
(please print) first name middle name family name

SUNY Potsdam Student ID Number: P _____

E-Mail: _____ **Phone:** _____

Alternate E-Mail address: _____

Current Address:	Permanent Address in home country:
_____	_____
_____	_____
_____	_____
_____	_____

Optional Practical Training – Degree Type	Starting Date of OPT	Ending Date of OPT

Please provide a photocopy of your current EAD card showing your initial period of post-completion OPT with this application form. If you are found to be eligible for an OPT STEM extension, the start date of the extension will be the date following the end date of your current Employment Authorization Document (EAD). The end date of your OPT STEM extension will be 17 months from the extension start date.

Please provide the following information about your current employment:

Your job title: _____

Name of Employer: _____



Potsdam
THE STATE UNIVERSITY OF NEW YORK

International Education & Programs
Sisson Hall
44 Pierrepont Avenue
Potsdam, New York 13676 USA
Tel: (315) 267-2335; Fax: (315) 267-4890
international@potdam.edu
www.potsdam.edu/ssc/inted

Request for OPT 17-MONTH STEM Extension, continued

Address of Employer: _____

_____ (include ZIP code)

Name of Supervisor: _____

Supervisor's Telephone Number: () _____

Please Confirm Your Most Recent Degree Level and Field of Study:
(check one)

- Bachelor's
 Master's

Date Degree Awarded: _____
(this information is provided on your diploma and on your University transcript)

Field of Study: _____

SUNY Potsdam is now required by federal regulation to continue to maintain your SEVIS record for the full period of Optional Practical Training, including any extension.

By signing this form below, I certify that the above information is true and correct, and that I understand and will comply with the following SEVIS requirements that took effect on April 8, 2008:

- I have reported my current name, US address and e-mail address on the front of this application form
- I will report any change to my current name or address to SUNY Potsdam's office of International Education & Programs within ten days of the change
- I will report any changes in employment information (including periods of unemployment) to SUNY Potsdam's office of International Education & Programs within ten days of the change
- I understand that effective April 8, 2008, I cannot be unemployed for more than a total of 120 days in the aggregate while on Optional Practical Training
- I understand that I need to submit a report to SUNY Potsdam's office of International Education & Programs every six months from the date my extension period of OPT begins verifying the above information.

Your Signature

_____/_____/_____
Date

Used with permission and adapted from: International Student and Scholar Services, Binghamton University, State University of New York