

Complete this form and email to erin.marie.anderson@minotstateu.edu

Request for 24 Month Extension of OPT

Last name: _____ First name: _____

Phone Number: _____

Email address: _____

Current home address: _____

Your Job Title: _____

Remember: You must provide a completed I-983 before the OIP can make you a STEM extension I-20
<https://studyinthestates.dhs.gov/form-i-983-overview>

By signing below, you verify that you understand and agree to adhere to the following DHS regulatory requirements:

1. You are currently on Optional Practical Training (OPT) and are employed or have been offered employment for practical training in your major field of study.
2. Your current or future employer is enrolled in E-Verify.
3. You have not been unemployed for more than 90 days while on OPT.
4. **You will report to the Office of International Programs by email within 10 days of each occurrence:**
 - any change in your home address each time that you move
 - any change in the name **AND/OR** the address of your employer by submission of a new [I-983 form](#)
 - the loss of your job at any time during your OPT authorization
5. Your employer agrees to notify the Office of International Programs within 5 days in the event of the **termination of your employment or your departure from the job.**
6. You and your employer agree to **submit an [I-983 form](#) to update your employment information** as soon as a material change occurs and within 10 days of each 12-month evaluation.
7. You will “check in” with the Office of International Programs by emailing Elizabeth.sund@minotstateu.edu **every six months** during the STEM OPT extension from the start date listed on your new OPT card; at those check-ins, we need your mailing address as well as your employer’s name and address.
8. Your OPT will end if you accrue a total of 150 days of unemployment (counted from the start of your total OPT period), or if you transfer to another school.

I affirm that I understand the information provided to me on this application form and on the supplemental “OPT STEM Extension Information Sheet”, and I agree to the conditions set forth as described by these documents.

Signature

Date