

Request for STEM OPT Extension I-20

Family/Last Name	First Name	Middle Name	WCUID
Field of Study	Email Address	Telephone Number	Date of Birth

Local Address:

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Company Name			
Dates of Employment Start: _____ End: _____		Company Address	
Job title	Employer EIN	<input type="checkbox"/> Full time (more than 20 hours per week) <input type="checkbox"/> Part time (less than 20 hours per week)	
Name of Supervisor		Supervisor's Email:	Phone:
Explain how employment is related to student's course of study			

DOCUMENTS TO SUBMIT FOR OPT EXTENSION I-20:

- _____ PHOTOCOPY of most current I-20, pages 1 and 2
- _____ PHOTOCOPY of most current Employment Authorization Document (EAD) card
- _____ Statement of Understanding (See page 2 of this application)
- _____ Copy of Form I-765
- _____ Copy of Form I-983

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CIP Processing Timeline

It will take the CIP approximately (5) business days to process your application. Please send all requested items together in ONE package as sending items separately or individually over fax may delay your application.

OPT Extension Period

The employment authorization period for the extension begins on the day after the expiration of the initial post-completion OPT employment authorization. Email international@wcupa.edu or mail this form and requested photocopies to:

Center for International Programs Mailing Address

Mail this form and requested photocopies to:

Center for International Programs (CIP)

675 S. Church Street

Mitchell Hall

West Chester University of PA

West Chester, PA 19383

ATTN: OPT Extension

STATEMENT OF UNDERSTANDING: To be signed by the STEM degree holder who is currently on a 12-month OPT period and applying for an OPT Extension.

1. I have not previously received a STEM OPT extension after earning a STEM degree and my degree that is the basis for my current period of OPT is a bachelor's, master's, or doctoral degree in one of the degree programs on the current STEM Designated Degree Program List, published on the SEVP website at www.ice.gov/sevis/stemlist.htm
2. My employer is registered in the E-Verify program, as evidenced by either a valid E-Verify company identification number or, if my employer is using a designated agent to perform the E-Verify queries, a valid E-Verify client company identification number. The employer is a participant in good standing in the E-Verify program.
3. My employer agrees to report the termination or departure of my OPT to the DSO at WCU or through any other means or process identified by DHS if the termination or departure is prior to the end of the authorized period of OPT. Such reporting must be made within 48 hours 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.
4. 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 to another institution).
5. 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 an STEM OPT extension, I may not accrue a total of more than 120 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 extension period.

Student's Signature

Print Name

EAD Card #

Date