HAMILTON COLLEGE
International Student Advising
Elihu Root House
315-859-4022
315-859-4077 (fax)

# F-1 OPTIONAL PRACTICAL TRAINING
# INFORMATION FORM FOR **STEM EXTENSION** APPLICATION

Name: _____

Social security number _____

Expiration date of passport _____ Expiration date of visa_____

EAD number and end date _____

Where can we reach you during the application process? THIS IS WHERE WE WILL MAIL YOUR I 20.

Address: _____

Phone: _____

Permanent email address: _____

PLEASE NOTE THE FOLLOWING:

- To apply you must currently be employed in a STEM field
- Future employment must be in the STEM field
- You must have an E-Verify employer at all times
- You may not have had a previous STEM extension ( this is a one-time benefit)
- Your application must be received at USCIS no more than 30 days from the date of the I20 authorization
- You must apply before the end of your current OPT as recorded on your EAD
- You must submit the following to USCIS: Form I-765, I-20 showing STEM request authorization, the application fee, and a copy your transcript or diploma showing the STEM field in which you are applying
- By signing this form you indicate that you understand the rules surrounding the extension request and will comply with reporting requirements during the extension period
- It is your sole responsibility to file the application in a timely fashion

Please read, complete, and sign the statement on the reverse of this form. Submit both sides of the completed form as well as a COPY of your completed I-765 to the Office of International Student Advising by mail or fax at address or number above.

STUDENT STATEMENT OF INTENT

I, _____, request an I20 authorizing my application for a one-time, 17-month extension of OPT based on my degree in the field of _____, a STEM major designated by USCIS. I attest that the employer listed below, for whom I will work during the extension, is an E-Verify employer. I understand that ALL employment during the extension must be undertaken for E-Verify employers only. I understand that it is MY responsibility to email or otherwise inform the Hamilton College Office of International Student Services for the duration of the OPT extension in the event of

- Change of name
- Change of residential or mailing address
- Name and address of employer
- Change of employer or change in employer name and address
- Any time employment changes or terminates

Proposed beginning date _____/_____/_____ Proposed end date _____/_____/_____

Employer Name and Address:

_____

_____

_____

Signature and Date