

STEM OPT Extension I-20 Request

International Student, Scholar & Faculty Services (ISSFS)

Office of International Programs

The University of Texas at Tyler

3620 Varsity Drive • Tyler, TX 75701 • 903.565.5960 • issfs@uttyler.edu



STUDENT INFORMATION

Student Name: _____ Student ID: _____

Bachelor's ___ Master's ___ Major: _____ Current EAD dates: _____ to _____

Patriot email: _____@patriots.uttyler.edu Phone: _____

STUDENT STATEMENT OF UNDERSTANDING

- It is my responsibility to work with my Employer to construct the required Training Plan, submit it to my international advisor and to maintain required progress reports.
- If my extension application was filed correctly and on time, my work authorization automatically continues until USCIS completes processing my application, up to 180 days past the OPT end date.
- If the ISSFS address is not used for the I-765, I will provide a copy the OPT card to the ISSFS upon receipt.
- If the ISSFS address is used for the I-765, I authorize an ISSFS staff member to open USCIS correspondence and make a file copy before releasing the card to me.
- To maintain F-1 visa status, I must limit unemployment to an aggregate of 150 days or less from the start of initial OPT to the end of the extension period.
- While on the extension, I may only work for employers who are registered in E-Verify. Self-employment and volunteer positions are not eligible for stem extensions.
- **I am required to report to my international student advisor each change of: a) employer b) address and c) a validation report each six month. In addition I have two training plan evaluations, at 12 and 24 months.**

Signature: _____ Date: _____

EMPLOYMENT HISTORY

Job Title: _____ Employed dates: _____ to _____

Employer Name: _____ More than 20 hours per week? Yes No

Employer Address: _____

Supervisor Name: _____ Phone: _____ Email: _____

Employer Identification Number (EIN) _____

Job Title: _____ Employed dates: _____ to _____

Employer Name: _____ More than 20 hours per week? Yes No

Employer Address: _____

Supervisor Name: _____ Phone: _____ Email: _____

Employer Identification Number (EIN) _____

Job Title: _____ Employed dates: _____ to _____

Employer Name: _____ More than 20 hours per week? Yes No

Employer Address: _____

Supervisor Name: _____ Phone: _____ Email: _____

Employer Identification Number (EIN) _____