

# REQUEST FOR STEM OPT

## Personal Information

Name \_\_\_\_\_ UIN \_\_\_\_\_

E-Mail \_\_\_\_\_@odu.edu Phone \_\_\_\_\_

Major \_\_\_\_\_ SEVIS ID# N \_\_\_\_\_

Address \_\_\_\_\_

*If you have moved, have you made the following updates to ISSS and ODU?*

**ISSS**—via ISSS web site—about changes in your U.S. or non-U.S. SEVIS addresses?  Yes  No

**ODU**—via LeoOnline—about changes to your “Permanent” address, usually the same as your SEVIS Domestic (U.S.) address?  Yes  No

## Academic Program Information

Date of Graduation  May  August  December Year \_\_\_\_\_

Do you have your **diploma** or a **transcript** that shows your degree **has been awarded**?  Yes  No

**If you answered 'no', you cannot apply for STEM OPT.**

## Employer Information

Company Name \_\_\_\_\_ Employment Start Date \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Supervisor's E-Mail \_\_\_\_\_ Your Job Title \_\_\_\_\_

Have you submitted this employer's information to ISSS' OPT Employment Update form?  Yes  No

## Optional Practical Training

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

*Start date must be the day after your regular OPT expires. The maximum length of STEM OPT is 17 months.*

If my STEM OPT is approved, I understand that **I am responsible for maintaining my F-1 status.**

I verify that I will **notify ISSS via the office web site if my visa status changes** or should any address or employment information need to be updated.

I also certify that I will **maintain membership on the ISSlist-I listserv.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSS  
Processing  
Only**

Holds? \_\_\_\_\_

EAD submitted?  Yes  No

Date given to advisor \_\_\_\_\_

Date degree awarded? \_\_\_\_\_

Employment Database Updated?  Yes  No

Date application left for student pick-up \_\_\_\_\_

Do not write in this block.

Remarks, Action Block, Fee Stamp
Application Approved. Employment Authorized / Extended (Circle One) until (Date).
Subject to the following conditions:
Application Denied.
Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

I am applying for:
Permission to accept employment.
Replacement (of lost employment authorization document)
Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle) Which USCIS Office? Date(s)
2. Other Names Used (Include Maiden Name) Results (Granted or Denied - attach all documentation)
3. Address in the United States (Number and Street) (Apt. Number) 12. Date of Last Entry into the U.S. (mm/dd/yyyy)
(Town or City) (State/Country) (ZIP Code) 13. Place of Last Entry into the U.S.
4. Country of Citizenship/Nationality 14. Manner of Last Entry (Visitor, Student, etc.)
5. Place of Birth (Town or City) (State/Province) (Country) 15. Current Immigration Status (Visitor, Student, etc.)
6. Date of Birth (mm/dd/yyyy) 7. Gender Male Female
8. Marital Status Married Single
Widowed Divorced
9. Social Security Number (Include all numbers you have ever used) (if any)
10. Alien Registration Number (A-Number) or I-94 Number (if any)
11. Have you ever before applied for employment authorization from USCIS?
Yes (If yes, complete below) No
16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
Eligibility under 8 CFR 274a.12 ( c ) ( 3 ) ( C )
17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.
Degree: Enter your major's CIP code.
Employer's Name as listed in E-Verify:
Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature Telephone Number Date

Signature of person preparing form, if other than above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name Address Signature Date

Table with 5 columns: Remarks, Initial Receipt, Resubmitted, Relocated (Rec'd, Sent, Approved), Completed (Denied, Returned)



# STEM OPT RESPONSIBILITIES FORM

All applicants for STEM OPT must ensure they have met all Immigration-mandated responsibilities to be sure they have maintained their visa status while on Regular OPT. This form will help you be aware of what you must do once you've been recommended for STEM OPT by ISSS. Please **INITIAL EACH SECTION** in the space provided to indicate your understanding of the items below. This form is to be submitted with your STEM OPT application. Any changes to the following policies and regulations will be announced on the ISSSlist-I listserv, to which all ODU international students must belong, even while on STEM OPT.

While on STEM OPT (17-month authorization), I understand that:

1. I will communicate with ISSS every six months as described in the e-mail sent to me once my STEM OPT has been processed. I understand that Immigration will terminate my SEVIS record if I fail to do this. \_\_\_\_
2. I will also notify ISSS of any information updates while I am on OPT (e.g. name change, address changes, etc.) via the proper form on the ISSS web site. \_\_\_\_
3. I will keep my passport valid for at least six months into the future for the duration of my OPT. \_\_\_\_
4. If I leave and return to the U.S. during my OPT, I must be returning to begin or resume a job upon re-entry, and that I will have proof of my employment, my EAD and my I-20 (with valid travel signature) in order to re-enter the US. \_\_\_\_
5. I understand that I cannot travel outside the U.S. while my STEM OPT application is being processed by Immigration. \_\_\_\_
6. I understand that it takes up to five business days for a travel signature from ISSS and that I can mail my I-20 to ISSS for the signature (allowing for mailing time in addition to the five business days). \_\_\_\_
7. I know that my STEM OPT will be terminated once my SEVIS record is transferred from ODU to another school. \_\_\_\_
8. My I-20 will be expired, but my OPT and visa status will be still valid with my EAD card and I-20 together. \_\_\_\_
9. I can work anywhere, as long as my work is directly related to my major. If I change my job or become unemployed, I understand that I must notify ISSS via the OPT Employment Update Form on the STEM OPT page of the ISSS site. \_\_\_\_
10. I can only work for an employer that is enrolled in e-Verify, an online I-9 system. \_\_\_\_
11. ISSS must receive my STEM application about 120 days before my regular OPT expires. This ensures that there is time to process my new I-20 and that I can have my STEM forms to Immigration 90 days before my regular OPT ends. \_\_\_\_
12. Upon approval of my STEM OPT, ISSS will send me an e-mail with instructions on what I must do with my application. In that e-mail, there will be specific requirements explained and I understand that my failure to follow them can/will result in the termination of my SEVIS record by Immigration. \_\_\_\_
13. I understand that I can register for one or two classes per semester for recreational reasons as a **non-degree** student. \_\_\_\_
14. Having health insurance is not required but is **STRONGLY** recommended when I am doing OPT. \_\_\_\_
15. I am required to keep all my prior I-20s in a safe place because I will need to submit them again if I request another type of immigration benefit or a change of status in the future. \_\_\_\_
16. ISSS (not my academic advisor, GPD, friends, etc.) is the PRIMARY resource for me regarding issues pertaining to OPT. \_\_\_\_

***I have read and agree to follow these regulations.***

\_\_\_\_\_  
Student Name (Print) & UIN

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date