INTERNATIONAL STUDENT & SCHOLAR SERVICES
University of Connecticut 2011 Hillside Road, Unit 1083; Storrs, CT 06269 Phone: 860-486-3855
Web: http;//www.isss.uconn.edu international@uconn.edu

STEM OPT Extension Application Form

Please submit the following documents with your OPT STEM Extension Application:

1. I-983 Training Plan for STEM OPT Students pgs. 1-5
2. Form I-765
3. Copy of the diploma or transcript for STEM degree
4. Copies of all previous EADs issued to you, including your current OPT EAD.
5. Receipt of payment for 24-Month STEM OPT Processing Fee

1. Name: _____ **2. UConn ID #:** _____

3. E-Mail Address: _____ **4. Telephone Number:** (_____) _____

5. Address: _____

6. Do you currently have, or have you had in the past, a STEM OPT Extension? EAD dates: _____ to _____

7. Your STEM OPT application must be based on employment in a specific position with an E-Verify employer. Please report on the following information for your STEM OPT Employer:

Position/Title: _____ Employer's Name _____

Employer's Address_____

Work Hours/Week: _____ Position is (circle one): paid / unpaid E-Verify Number: _____

Employment Start Date (mm/dd/yyyy) _____ Employment End Date (mm/dd/yyyy) _____

8. Is your site of employment the same location as your employer address? ____ Yes ____ No*

If no, site of employment address: _____

***NOTE:** Work through a staffing agency, temporary agency, work at home, or any employment where you will be remotely supervised by the employer completing the Form I-983 as your employer is not appropriate for STEM OPT employment and will not be processed by ISSS. Further, if you are working as part of a consulting team at a client location, your employer must train/supervise you at the client location AND the government must be authorized to visit all work locations.

10. List all other employment/training positions that you have held since starting your post-completion OPT. If self-employed, list "Self-Employed" under "Employer's Name". (Please note that self-employment is not permitted during the period of STEM OPT extension):

Position/Title: _____ Employer's Name _____

Employer's Address_____

Work Hours/Week: _____ Position is (circle one): paid / unpaid

Employment Start Date (mm/dd/yyyy) _____ Employment End Date (mm/dd/yyyy) _____

Position/Title: _____ Employer's Name _____

Employer's Address_____

Work Hours/Week: _____ Position is (circle one): paid / unpaid

Employment Start Date (mm/dd/yyyy) _____ Employment End Date (mm/dd/yyyy) _____

I certify that the above information is correct and that my STEM OPT application is based on employment with an E-Verify employer and directly related to my STEM degree coursework.

_____

Student's Signature **Print Name** **Date**