

# 17-Month OPT Extension Request Form

<hr/> Student First Name	<hr/> Last Name	<hr/> E	<hr/> EMU ID#	<hr/> Original EAD Card Number
<hr/> Email Address	1 (____) _____		From _____ to _____	
	(Area Code) Telephone Number		EAD Authorization Dates	
<hr/> Current Address	<hr/> Current City	<hr/> State	<hr/> Zip code	
<hr/> Student Major or Field of Study (on most recent I-20)		<hr/> Degree Level (Bachelor, Master, Ph.D.)	<hr/> Graduation Date	
<hr/> Employer Name(as on E-Verify )	<hr/> Phone Number	<hr/> Employer E-Verify Number	<hr/> Employment Start Date	

## Initial post-completion OPT Employment Information

You must attach proof of all employment periods

You must account for every day since the beginning of your approved OPT

	1 <sup>st</sup> Employer	2 <sup>nd</sup> Employer	3 <sup>rd</sup> Employer
Employer Name			
Employer Address			
Supervisor Name			
Phone Number			
Email address			
Dates of Employment	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

## Periods of Unemployment

	From: _____ To: _____ #Days _____ Cum Unemp _____	From: _____ To: _____ #Days _____ Cum Unemp _____	From: _____ To: _____ #Days _____ Cum Unemp _____
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The 17 month OPT Extension for F1 students in specific STEM fields, is intended to be extend hands-on, practical work experience complimentary to your academic program. This practical training must be directly related to your field of study, be commensurate with your educational level, and provide you a reasonable income.

**In making this request I agree to abide by all requirements, including**

- I will provide OIS with a **copy** of my new Employment Authorization Document (**EAD**) upon receipt
- I understand I should have **health insurance** coverage throughout my OPT period
- I will **report** all **changes** in my Name, Employer, and US address to OIS within 10 days of such change
- I will **report** all periods of **Unemployment** to OIS within 10 days
- I will **validate** my status with OIS every **six months** using the OIS Form IR17 Information Reporting Form
- I have **informed my employer** they must report my departure or termination of employment within 48 hours
- I understand that I may not accrue more than 120 days **unemployment** during the combined 29 months of OPT

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

\_\_\_\_\_  
Date