HAMILTON COLLEGE
International Student Services
315-859-4021
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
- 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-983 form to the Office of International Student Services by mail or fax at the address or number above.

STUDENT STATEMENT OF INTENT

I, _____, request an I20 authorizing my application for a

24-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