

24-Months STEM OPT Extension Questionnaire

To check whether your major's CIP code is eligible for the 24-Months STEM OPT Extension, click [DHS Approved CIP Codes](#).

NOTE: There are fields on ALL THREE pages of this form which require your attention. Do not submit this form with incomplete information, as we will not be able to process it. All fields on pages two and three apply to every applicant.

Student/Applicant Last Name _____

Student/Applicant First Name _____

UFID _____

U.S. Home Address Information *(address where the applicant currently lives)*

For applicants applying remotely, the updated I-20 will be mailed to this address unless the applicant designates an alternate mailing address.

Street address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Mailing Information *(sent to address where the applicant currently lives; unless otherwise requested)*

USPS: I would like my new I-20/Instruction Packet mailed via **USPS** (no tracking number, expect delivery in 7-10 business days from date new I-20 is processed). UFIC will provide domestic first class shipment.

Note: If mailing is needed to a different address than the home address, provide the mailing address directly to the DSO when submitting the complete STEM OPT request.

FedEx: I would like my new I-20/Instruction Packet mailed via **FedEx**. You will be provided instructions on how to process the FedEx shipping label after your request has been reviewed and the updated I-20 is ready for mailing.

Post-Completion OPT Information

OPT Degree Level (check appropriate box): BS/BA MS/MA PhD/Doctorate

OPT Degree Major: _____ Graduation Date: _____

OPT Card Start Date: _____ OPT Card End Date: _____

If this is your second STEM OPT application complete the following *(if not applicable, leave blank)*

Prior STEM OPT application was approved by USCIS for:

Degree Level (check appropriate box): BS/BA MS/MA PhD/Doctorate

Note: Include copy of prior STEM OPT EAD card and the corresponding I-20 with the required application documents.

For applications based on a Qualifying Prior STEM Degree *(if not applicable, leave blank)*

If this application is based on a STEM OPT eligible degree you obtained from a different SEVIS approved U.S. university within the past 10 years, then complete the following information.

Degree Level Obtained (check appropriate box): BS/BA MS/MA PhD/Doctorate

Graduation Date: _____ Major's CIP Code as listed on I-20: _____

University/College Name (as listed in SEVIS): _____

University/College Name SEVP Certification Date: _____

[U.S. Department of Education Accrediting Agency \(click for details\):](#) _____

Note: Include a copy of the official transcript with the rest of the application documents

Students may apply for STEM OPT based on a prior qualifying STEM degree provided the degree:

- Was obtained from a currently accredited *and* SEVP-certified school
 - Please contact the school directly to confirm the accrediting and SEVP certification details
- Was obtained (at the bachelor's or higher level) within 10 years from the date the STEM application is submitted to USCIS
- Contains a CIP Code currently listed in DHS's [STEM Designated Degree Program List](#) at the time the STEM application is submitted to USCIS

STEM OPT Qualification Requirements

I affirm that I meet all of the STEM OPT Extension Qualifications:

- This application is based on a STEM degree obtained from an Accredited *and* SEVP-certified school
 - all University of Florida graduates obtaining a BS/BA, MS/MA, or PhD STEM degree contained in the Department of Homeland Security's [STEM Degrees List](#) meet this qualification
- My employer is enrolled in USCIS's [E-Verify](#) program
 - contact the employer directly for confirmation of the company name and number as listed in the E-Verify system
- My employer and I have completed the [I-983 Training Plan](#)
 - both the student and employer must sign the I-983
 - the employer that signs the I-983 must be same that will provide the practical training/mentoring
 - the [Form I-983 Instructions](#) provides complete details on the proper way to complete the I-983
- I will work for my employer for a minimum of 20 hours per week
- I am applying for the STEM OPT extension before the end of my current Post-Completion OPT Period
- I have a total of _____ **days of unemployment** accumulated from the start date of my OPT until today, and have not exceeded the unemployment limit allowed by the Post-Completion OPT regulations
- I accept responsibility for completing all Reporting Requirements as indicated in the STEM OPT regulations
- This is my first or second STEM OPT application

STEM OPT Reporting Requirements

I affirm that I will uphold all STEM OPT reporting requirements as specified in the STEM OPT regulations:

- STEM OPT students must report to their DSOs every six months to confirm:
 - Legal name
 - Residential (Home) Address
 - Employer name and work address
 - Status of current employment (i.e. continuing employment or change in employment)
 - I have scheduled reminders for myself to submit the 6-Month OPT Confirmation to the DSO on

- the following approximate dates: _____, _____, _____, and _____.
- STEM OPT students must submit to their DSO an Annual Self-Evaluation that
 - Details the progress of the training plan
 - Is signed and dated by both the student and employer
 - Specifies the evaluation date range (timeline considered during the evaluation period)
 - The Self-Evaluation Forms are contained on pages 6 and 7 of the [Form I-983](#)
 - I have scheduled reminders for myself to submit the Annual Self-Evaluation to the DSO on the following approximate dates: _____, and _____.
 - Submit an updated **OPT Report** anytime employment or home address information changes, within 10 days of the change
 - Submit an updated [I-983](#) anytime employment changes, within 10 days of the change
 - Inform the DSO of any loss in employment, within 10 days of the last day of employment
 - Provide an updated [I-983](#) whenever there is a material change to the training/mentoring plan
 - Material changes or deviations from the original Form I-983 may include, but are not limited to:
 - Any change of the employer's EIN (*Employer Identification Number for tax purposes*)
 - Any reduction in student compensation that is not tied to a reduction in hours worked
 - Any significant decrease in hours per week worked; including a decrease to below 20 hours per week of practical training
 - Changes to the employer's commitments or student's learning objectives as documented on the Form I-983

Limits on accrued periods of Unemployment

Students on an approved period of Post-Completion OPT are allowed a total of 90 days of unemployment during the entire Post-Completion OPT period. Students, who are subsequently approved for the STEM OPT extension, are allowed an additional 60 days of unemployment for the 24 month extension period. Thus the STEM eligible student may have up to a total of 150 days of unemployment for the entire 36 month period.

By signing this form, I acknowledge I have read and understand the REQUIREMENTS for the 24-Month STEM OPT Extension and that all information provided in this application is true and accurate to the best of my knowledge.

Student/Applicant's Signature: _____ Date: _____

OPT Employment Report

Employment Information *(company the applicant will work for during the STEM extension period)*

Employer/Company Name: _____
Company EIN # (9-digits): _____ Company E-Verify #: _____
Street address (actual work location): _____
City: _____ State: _____ Postal/Zip Code: _____
Employment Start Date: _____ Employment End Date (if known): _____
Job Title: _____ # of hours working per week: _____
Supervisor's Name: _____
Supervisor's E-mail: _____ Supervisor's Telephone #: _____

Explanation of how employment is directly related to student's major field of study

[Email this explanation directly to the DSO when submitting the complete STEM OPT request.](#)

*Please describe 3-5 of your job duties and explain how this is directly related to your major field of study (max. 1000 characters, aim for around 3-4 sentences, should be in paragraph style rather than list/bulletpoints, **note that this description is exactly what will be entered into your SEVIS record so please use the appropriate level of formality**)*

Previous Employment Information *(if the below does not apply to you, please leave blank)*

If you were previously employed with a different company, also provide the following details to have your employment history updated.

*Note: this applies **only to jobs held on OPT/STEM OPT** (not CPT and not on-campus jobs held before graduation).*

Previous Employment Information *(company the applicant previously worked for on OPT/STEM OPT)*

Employer/Company Name: _____
Company EIN # (9-digits): _____ Company E-Verify #: _____
Street address (actual work location): _____
City: _____ State: _____ Postal/Zip Code: _____
Employment Start Date: _____ Employment End Date (if known): _____
Job Title: _____ # of hours working per week: _____
Supervisor's Name: _____
Supervisor's E-mail: _____ Supervisor's Telephone #: _____

Explanation of how employment was directly related to student's major field of study

[Email this explanation directly to the DSO when submitting the complete STEM OPT request.](#)

*Further explanation of question: Please describe 3-5 of your job duties and explain how this is directly related to your major field of study (max. 1000 characters, aim for around 3-4 sentences, should be in paragraph style rather than list/bulletpoints, **note that this description is exactly what will be entered into your SEVIS record so please use the appropriate level of formality**)*

By signing this form, I acknowledge that all information provided in this OPT Reports is true and accurate to the best of my knowledge.

Student/Applicant's Signature: _____ Date: _____