



STEM OPT Extension Authorization Request Form

Email to f1@sfsu.edu from your SF State email address. Requests are processed within 5 business days.

We accept digital signatures, scanned copies, and high resolution/clear pictures of the completed form.

Student Information

| | | | |
|---------------------------|--|-----------------------|-----|
| Last Name: | | First Name: | |
| SF State Student ID: | | I-20 SEVIS ID: | Noo |
| Phone: | | Personal Email: | |
| Passport Expiration Date: | | I-94 Number: | |
| Current EAD Start Date: | | Current EAD End Date: | |

Reminder: Use Month/Day/Year Format for all documents including (I-765, I-983, and this request form)

APPLICANT REQUIREMENTS AND RESPONSIBILITIES (COMPLETED BY STUDENT)

☐ I have reviewed and understood the resources and my responsibilities provided at oip.sfsu.edu/stemopt

Before submitting documents to OIP

☐ I understand the information under "STEM OPT Resources" and "Applying for STEM OPT Extension"

☐ I have completed the [STEM OPT quiz](#). Date Completed: _____

After receiving STEM OPT requested I-20 from OIP

☐ I will file my Form I-765 online with my STEM OPT Extension Requested I-20 and all the supporting documents (including payment and photos) to USCIS immediately using the instructions provided by OIP

☐ I understand my application will be denied if it is not received by USCIS within 60 days of OPT SEVIS entry date (count from the date you submit the request to OIP)

After filing documents to USCIS online

☐ I understand the information under "Waiting for STEM OPT Approval"

After STEM OPT is approved

☐ I understand the updated STEM OPT Extension reporting responsibilities

☐ I will lose my STEM OPT Extension/F-1 status if I do not report any changes to my employment within 10 days.

Travel after applying for STEM OPT

☐ I understand the information under "Travel While on STEM OPT" on oip.sfsu.edu/travel

ACKNOWLEDGEMENT AND STUDENT SIGNATURE

It is my responsibility to abide by the STEM OPT regulations and to maintain F-1 status. Failure to abide by the requirements will terminate my F-1 status and my ability to work and otherwise remain in the U.S.

Student Signature:

Date:

OIP Office Use Only

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|----------------|--|-----------------|--|---------------|--|-------------|--|
| Date received: | | Processed Date: | | Processed By: | | Scanned By: | |
|----------------|--|-----------------|--|---------------|--|-------------|--|