

INTERNATIONAL STUDENTS

Optional Practical Training – H-1B Cap Gap Extension

To Be Completed By the Student (Please Print)

Student's Last Name – as it appears in Passport First

Middle Name

Name **N00**SEVIS ID Number (**MUST** be included)
(mm/dd/yyyy)

Date of Birth

Current Residence:

Street Address (No P.O. Boxes)

City

State

Zip Code

Telephone Number: (_____) _____

Primary Email Address: _____

Secondary Email Address: _____

Please submit the following documentation:

- Notification Form – H-1B Cap Gap Extension
- Photocopy of Employment Authorization Document (EAD)
- One of the following:
 - ✓ For a timely filed H-1B petition:
A copy of the I-129 and proof of delivery to a USCIS Service Center showing the date of receipt
 - ✓ For a wait-listed H-1B petition:
A copy of the wait list letter from USCIS to the employer
 - ✓ For a receipted or approved H-1B petition:
A copy of the Form I-797 receipt and/ or approval notice

I have secured employment with the employer and location listed below:

Employer's Name: _____

Location of Employment: _____
Street Address (No P.O. Boxes)

_____ City State Zip Code

_____ (_____) _____
Human Resources Contact Person Telephone Number

_____ (_____) _____
Human Resources Contact Person Email Fax Number

Employment Start Date: _____

Please verify that you understand and accept the following items:

- I verify that A timely H-1B Petition was filed for me:
 - ✓ Prior to the expiration of my authorized OPT period
 - ✓ Prior to the expiration of my 60-day grace period after the completion of my authorized OPT period
- I have confirmed with my employer that my H-1B petition was filed as a change of status request rather than consular notification and I have no plans of departing the United States until my H-1B commences
- I understand that while I am engaged in the H-1B Cap Gap Extension period I must report the following:
 - ✓ Changes in residential local U.S. address (including telephone number and email address)
 - ✓ Changes in employment (including unemployment, change of employers, etc.)
- I understand that I must validate my status with an International Student Coordinator as new information regarding the H-1B petition becomes available

I hereby confirm that the information I have provided in this Notification Form is accurate. I have read and understand the requirements while participating in the H-1B Cap Gap Extension period.

Printed Name, Student Signature, Student Date
(mm/dd/yyyy)

To Be Completed By International Student Coordinator (Please Print)

New Form I-20 will be: Mailed Picked Up at 140 Enarson Classroom Building

Employment Extended Through: _____ **F-1 Status Extended Through:** _____
(mm/dd/yyyy) (mm/dd/yyyy)

H-1B Cap Gap Extension Eligible: Yes No, if no explain: _____

Evaluated by: _____ **Date Evaluated:** _____
International Student Coordinator (mm/dd/yyyy)

