

Optional Practical Training – STEM Extension (c) (3) (C)

To Be Completed by the Student (Please Print)

Last name: _____

First name: _____

Middle name: _____

Ohio State email: _____

SEVIS ID Number: **N00** _____ Date of birth (mm/dd/yyyy): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Primary email: _____ Secondary email: _____

Please submit the following documentation:

- Application Form – STEM Extension (c) (3) (C)
- Photocopy of Employment Authorization Document (EAD)
- Completed Form I-983 signed by employer

My current Post-Completion OPT employment authorization was granted based on the following:

Degree level **completed** at for which you were authorized for OPT:

- Bachelor's
- Master's
- PhD
- Other: _____

Academic area of study for which you were authorized for OPT:

Primary major: _____

Secondary major: _____

Graduation date (mm/dd/yyyy): _____

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

Employer name: _____

Address of employment: _____

City: _____ State: _____ Zip code: _____

Human Resources Contact

Name: _____

Email: _____ Phone number: _____

Employment start date (mm/dd/yyyy): _____

Please verify that you understand and accept the following items:

- I am currently engaged in a post-completion OPT
- I have inquired and received confirmation from my current/prospective employer that the company is registered in the E-Verify program
- I understand that my employer is required by law to report an immigration coordinator any interruption of employment
- I understand that while I am engaged in the 24-month OPT STEM Extension period, I must report the following:
 - Changes in residential local U.S. address (including phone number and email address)
 - Changes in employment (including unemployment, change of employers, etc.)
- I understand that I must validate my status with an immigration coordinator every six months, starting with the start date of the 24-month OPT STEM Extension period, (i.e. at 6, 12, 18, and 24 months from the start of the extension period) and report the following information:
 - Legal name
 - Residential or mailing address
 - Employer name
 - Employer address
 - Start date of employment
 - Current employment status
- I understand that I must report any changes to this information within 10 days to the Office of International Affairs
- I understand that if any “material changes” occur to the existing I-983 Training Plan, I must submit a modified Training Plan reflecting the changes signed by my employer to Office of International Affairs
 - Material changes may include:
 - Any change of employer’s EIN
 - Any reduction in student compensation that is not tied to a reduction in hours worked
 - Any significant decrease in hours per week that a student engages in a STEM training opportunity
 - Changes to the employer’s commitments or student’s learning objectives as documented on the Form I-983
- I understand that I must complete a self-evaluation, have it signed by my employer, and submit it to the Office of International Affairs annually



I hereby confirm that the information I have provided in this application is accurate. I have read and understand the requirements that are part of the 24-month OPT STEM Extension Period.

Printed name of student: _____

Signature: _____ Date (mm/dd/yyyy): _____

To Be Completed by the Office of International Affairs

CIP Code: _____ EAD End Date: _____

STEM Eligible Yes No, explain: _____

Immigration Coordinator: _____ Date Evaluated: _____