



ETSU, International Programs and Services, PO Box 70668, 122 Yoakley Hall, Johnson City, TN 37614
Telephone: 423-439-7737; Fax: 423-439-7131; E-mail: interntl@etsu.edu; Website: www.etsu.edu/honors/international/

24 MONTH EXTENSION OF OPT FOR F-1 STUDENTS IN STEM FIELDS APPLICATION INSTRUCTIONS

F-1 students on OPT who have received a degree in certain fields, referred to as “STEM” fields (Science, Technology, Engineering, or Mathematics), will have an opportunity to apply for one 24 month extension of their regular 12-month OPT period. Students **MUST** file the application for the 24 month STEM extension **before** the end date of the original OPT period, and will be able to continue employment while the extension application is pending, until a final decision on the I-765 or for 180 days, whichever is first. **Again, you must apply during your first 12 months of OPT, no later than the end date of your OPT.** For a current list of STEM majors, please refer to this webpage: <http://www.ice.gov/sevis/stemlist.htm>. The major listed on your I-20 must be an approved STEM major in order to be eligible to apply.

1. Fill out the “STEM EXTENSION I-20 REQUEST”(see **page 4** of these instructions).
2. Complete Form G-1145 (<https://www.uscis.gov/g-1145>), this is recommended, not required.
 - o This optional form requests an electronic notification (e-Notification) when USCIS accepts an application and get up-to-date status information. You will receive notifications via email and/or text message.
3. Complete Form I-765 (<http://www.uscis.gov/i-765>). Complete as fully as possible (see **pages 10-16** of these instructions). Here are some tips:
 - o Return Address: This **must** be your current mailing address where you will be for the next 3-4 months.
 - If you are no longer at this address the Post Office will not forward your EAD card (even if you completed a change of address card with the Post Office) and it will be returned to USCIS and destroyed.
4. Complete Form I-983 with your employer (see **pages 5-9** of these instructions): <https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>. Allow plenty of time, as this is a fairly extensive form.
 - o Information on the I-983 can be found here: <https://studyinthestates.dhs.gov/form-i-983-overview>.

5. E-mail the STEM Request, forms I-983 and I-765, and all required documents (see **page 3** of these instructions) to ETSU International Programs at interntl@etsu.edu. Your advisor will review your documents and notify you of any issues. If there are none, a new I-20 for with the OPT extension recommendation (on page 2 of the I-20) will be printed. WE CANNOT SCAN I-20s. The new I-20 will be mailed to you.

6. For your application (see **page17** of these instructions), include the following items:
 - Form G-1145 (Recommended not required)
 - Original Form I-765 (make a copy for your records, but send the original.)
 - A copy of ALL I-20s. Make sure the newest I-20 in front of the others. (Keep the originals!)
 - A copy of your I-94.
 - If your last entry to the US was after March 2013, please go to <https://i94.cbp.dhs.gov/I94/request.html> to print it.
 - If you have paper I-94 stapled in your passport, make copy of both sides of your I-94 card. (Keep the original!)
 - A copy of the bio page of your passport and include any extra pages that record extensions of the validity of your passport. (Keep the original! **DO NOT SEND YOUR PASSPORT!**)
 - A copy of the F-1 visa page of your passport (even if it has expired).
 - A copy of your EAD card [a.k.a. OPT card]. (Keep the original!)
 - For the 24 month extension, you must also include a copy of your transcript or diploma showing the field in which you received your degree.
 - Two passport type photographs.
 - Print your name and I-94 number *lightly in pencil* on the back of each photo. Put the photos in an envelope and attach it to the front of the I-765. **Be careful not to staple through the photos!**
 - Fee of \$410. **NO CASH ACCEPTED.** You may send a personal check, a cashier's check from a U.S. bank, or a money order made payable to: **US Department of Homeland Security**. Staple the check to the front of the I-765.

7. Staple all above documents together and send them by **certified mail with a return receipt requested OR by FEDEX** (so you can track it). This should be done within 60-days of the date the advisor signed your new I-20. You will receive a notice of receipt (Form I-797) from the USCIS. After you have been approved for the extension, USCIS will send you a new EAD card indicating the extension dates.



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STEM EXTENSION REQUEST (for ETSU International Programs)

Please complete the following form with your current information. It will be used to produce a new I-20 for your STEM extension application.

FIRST NAME: _____ LAST NAME: _____

SEVIS ID#: N _____ ETSU E#: E _____ PHONE: _____

CURRENT OPT END DATE: _____ CURRENT E-MAIL ADDRESS: _____

Please include city, state and zip code for the following:

CURRENT RESIDENTIAL ADDRESS (dormitory/apt. name and number or physical address):

Street Apt. City State Zip

CURRENT MAILING ADDRESS (if different from residential address, like a PO Box):

Street Apt. City State Zip

NAME OF EMPLOYER: _____

YOUR JOB TITLE: _____ EMPLOYER'S E-VERIFY ID#: _____

DESCRIBE HOW YOUR JOB IS RELATED TO YOUR DEGREE: _____

ADDRESS OF EMPLOYER:

Street Suite/Apt. City State Zip

SUPERVISOR'S NAME: _____
First Last

SUPERVISOR'S PHONE: _____ SUPERVISOR'S EMAIL: _____

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 03-31-2019

TRAINING PLAN FOR STEM OPT STUDENTS

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

Enter the name of the DSO reviewing this form.

Should start the day after 12-month OPT ends.

CIP Code is indicated on page 3 of the old I-20 (w/ Barcode) or in Program of Study Section on page 1 of the new I-20.

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): STUDENT, John/Jane		Student Email Address: jstudent@crimson.ua.edu	
Name of School Recommending STEM OPT: East Tennessee State University	Name of School Where STEM Degree Was Earned: East Tennessee State University	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): NOL214F10177000	
Designated School Official (DSO) Name and Contact Information: DSO'S NAME, Box 70668, Johnson City, TN 37614, DSO'SEMAIL@etsu.edu, 423-439-7737		Student SEVIS ID No.: N0123456789	STEM OPT Requested Period: From: _____ To: _____
Qualifying Major and Classification of Instructional Programs (CIP) Code: _____			
Level/Type of Qualifying Degree: _____			
Date Awarded (mm-dd-yyyy): _____			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: YSC123456789			
SECTION 2: STUDENT CERTIFICATION			
I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.			
I certify that:			
<ol style="list-style-type: none">1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");2. I will notify the DSO at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan;3. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the STEM OPT of students whom DHS determines are not engaging in OPT in compliance with the law, including the STEM OPT of students who are not, or whose employers are not, complying with this Plan;4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and5. I will notify the DSO at the earliest available opportunity regarding any material changes to or deviations from this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any nontrivial reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that I engage in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule.			
Signature of Student: _____			
Printed Name of Student: STUDENT, John/Jane Date (mm-dd-yyyy): _____			

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name: STEM, Inc.		Street Address: 1 STEM Drive		Suite:	
Employer Website URL: stem.com		City: Big City		State: CA	ZIP Code: 90210
Employer ID Number (EIN): 01-2345678 (Tax ID Number)	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code: Find the code on www.naics.com/search/			
OPT Hours Per Week (must be at least 20 hours/week): 40.00	Compensation:				
Start Date of Employment (mm-dd-yyyy):	A. Salary Amount and Frequency: e.g. \$45,000/Year				
	B. Other Compensation (Type and Estimated Amount or Value):				
	1. Insurance - \$3000				
	2. Retirement - \$3000				
	3. _____				
	4. _____				

SECTION 4: EMPLOYER CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Plan 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, and any decrease in hours below the 20-hours-per-week minimum required under this rule;
3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (*Note: business days do not include federal holidays or weekend days; and an employer shall consider a student to have departed when the employer knows the student has left the practical training opportunity, or when the student has not reported for practical training for a period of five consecutive business days without the consent of the employer*); and
4. I will adhere to all applicable regulatory provisions that govern this program (*see 8 CFR Part 214*), which include, but are not limited to, the following:
 - a. The student's practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension, and the position offered to the student achieves the objectives of his or her participation in this training program;
 - b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
 - c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
 - d. The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions of the STEM practical training opportunity—including duties, hours, and compensation—are commensurate with the terms and conditions applicable to the employer's similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than two similarly situated U.S. workers in the area of employment, the terms and conditions of other similarly situated U.S. workers in the area of employment; and
 - e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

Note: DHS may, at its discretion, conduct a site visit of the employer to ensure that program requirements are being met, including that the employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this Plan.

Signature of Employer Official with Signatory Authority: _____

Printed Name and Title of Employer Official with Signatory Authority: Supervisor's Name, Manager

Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: STEM, Inc.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)

Student Name (Surname/Primary Name, Given Name):

STUDENT, John/Jane Q

Employer Name:

STEM, Inc.

EMPLOYER SITE INFORMATION

Site Name:

STEM, Inc.

Site Address (Street, City, State, ZIP):

1 STEM Drive, Big City, CA 90210

Name of Official:

Supervisor's Name

Official's Title:

Manager

Official's Email:

boss@stem.com

Official's Phone Number:

+1 (123) 867-5309

Note: for the remaining fields in this section, employers who already have an internal/pre-existing training plan in place may fill in the details based on that plan.

Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her qualifying STEM degree.

SAMPLE: Student will conduct practical application of his/her studies in MAJOR. Student's position is POSITION TITLE. In this role, student will gain basic skills in INDUSTRY NAME.



This section requires employer to provide a clear connection between the employment and field of study.

Goals and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives for work-based learning related to his or her STEM degree. The description must both specify the student's goals regarding specific knowledge, skills, or techniques as well as the means by which they will be achieved.

Objective is to expose intern to current practices in INDUSTRY NAME. The goal is to have the student understand and become proficient in the basic skills in INDUSTRY NAME.

Employer Oversight: Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the named F-1 student. If the employer has a training program or related policy in place that controls such oversight and supervision, please describe.

Student will conduct work under the direct supervision of BOSS EMPLOYER. BOSS EMPLOYER will work closely with student to improve skills and accomplish goals as well as provide feedback.

Measures and Assessments: Explain how the employer measures and confirms whether individuals filling positions such as that being filled by the named F-1 student are acquiring new knowledge and skills. If the employer has a training program or related policy in place that controls such measures and assessments, please describe.

Student will be evaluated based on weekly reports, observed performance, and feedback from coworkers and constituent customers.

Additional Remarks (optional): Provide additional information pertinent to the Plan.

SECTION 6: EMPLOYER OFFICIAL CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Employer Official with Signatory Authority - I certify that:

1. I have reviewed, understand, and will follow this Training Plan for STEM OPT Students (Plan);
2. I will conduct the required periodic evaluations of the student;*
3. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214.2(f)(10)(ii)); and
4. I will notify the DSO regarding any material changes to or material deviations from this Plan at the earliest available opportunity, including if I believe the student is not receiving appropriate training as delineated in this Plan.

Signature of Employer Official with Signatory Authority: _____

Printed Name and Title of Employer Official with Signatory Authority: Supervisor's Name, Manager

Date (mm-dd-yyyy): _____

PRIVACY ACT STATEMENT

AUTHORITIES: Section 101(a)(15)(F) of the Immigration and Nationality Act of 1952, as amended (INA), 8 U.S.C. 1101(a)(15)(F), Section 641 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, Div. C, 110 Stat. 3009-546 (codified at 8 U.S.C. 1372), Section 502 of the Enhanced Border Security and Visa Entry Reform Act of 2002, Pub. L. 107-173, 116 Stat. 543 (codified at 8 U.S.C. 1762) and Homeland Security Presidential Directive No. 2 (HSPD-2), authorize U.S. Immigration and Customs Enforcement (ICE) to collect the information requested in this form.

PURPOSE: The information collection on this form is used to assist in the administration of the STEM Optional Practical Training (OPT) extension so that Designated School Officials (DSO) can properly recommend the Student for and review and help coordinate his or her STEM optional practical training opportunity.

ROUTINE USES: The information collected on this form may be shared with: the individuals who signed the Plan, relevant DSOs acting as liaisons with the DHS, Federal, State, local, or foreign government entities for law enforcement purposes, Members of Congress in response to requests on the Student's behalf, or as otherwise authorized pursuant to its published Privacy Act system of records notice - Privacy Act of 1974: U.S. Immigration and Customs Enforcement, DHS/ICE-001 Student and Exchange Visitor Information System (SEVIS) System of Records (<https://www.dhs.gov/system-records-notices-sorns>).

DISCLOSURE: The information you provide is voluntary. However, failure to provide the information requested on this form may delay or prevent participation in a STEM OPT opportunity.

PAPERWORK REDUCTION ACT

The public reporting burden for this collection of information is estimated to average 7.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid Office of Management and Budget (OMB) control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, send them to: U.S. Immigration and Customs Enforcement, Office of Policy, 500 12th Street SW, Washington, D.C. 20536

*See evaluation forms that follow for student's first evaluation, to occur before the one year anniversary of the start date of the student's STEM OPT employment authorization, and final program evaluation.

EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 12th Month of STEM Employment.

Failure to submit this evaluation can lead to automatic termination of visa status and employment.

LEAVE BLANK UNTIL 12TH MONTH OF STEM PERIOD.
This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 12th Month of STEM Employment. Failure to submit this evaluation can lead to automatic termination of visa status and employment.

Signature of Student: _____

Printed Name of Student: STUDENT, John/Jane

Signature of Employer Official with Signatory Authority: _____

Printed Name of Employer Official with Signatory Authority: Supervisor's Name Date (mm-dd-yyyy): _____

FINAL EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 24th Month of STEM Employment (or when employment ends if earlier than 24 months).

LEAVE BLANK UNTIL END OF STEM TRAINING PERIOD.
This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 24th Month of STEM Employment (or when employment ends if earlier than 24 months).

Signature of Student: _____

Printed Name of Student: STUDENT, John/Jane Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority: _____

Printed Name of Employer Official with Signatory Authority: Supervisor's Name Date (mm-dd-yyyy): _____



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input style="width: 100px;" type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%;" type="text"/>
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▶ **START HERE** - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Check this box if this is a STEM OPT Extension

Put NA in this field if you do not have other names (e.g maiden name)

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

2.a. Family Name (Last Name)	<input type="text" value="NA"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)	<input type="text" value="Elephant"/>
1.b. Given Name (First Name)	<input type="text" value="A1"/>
1.c. Middle Name	<input type="text"/>

Provide your home address where you will stay for the next 6 months. Otherwise, we recommend using IPS's address.

You should already have an SSN, but if you don't, you can leave 13b blank. You can then request an SSN be issued for you by checking "Yes" on 14, 15, and completing 16 a, b & 17 a, b

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address?
 Yes No

Provide your home physical address only if you used IPS's address.

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender Male Female

11. Marital Status
 Single Married Divorced Widowed

12. Have you previously filed Form I-765?
 Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

Mark "Yes" and use Part 6 (page 7) to provide details about your 12-month OPT EAD

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)
 Yes No

NOTE: If you answered "No" to Item Number 14., skip to Item Number 18.

If using IPS address as the mailing address, check "No" and provide your address below.

18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.
 I authorize disclosure of my information to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 Yes No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name
Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name
Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Country of Birth or Countries of Citizenship or Nationality

18. Provide the country or countries where you are currently a citizen or national. If you have more than one country, use the space below to complete this item, use the space provided for each country.
6. Additional Information.

18.a. Country

18.b. Country

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Guangzhou

19.b. State/Province of Birth

Guangdong

19.c. Country of Birth

China

20. Date of Birth (mm/dd/yyyy)

10/24/1930

I-94# is the 11-digit number on the electronic I-94 available at www.cbp.gov/i-94

Most Recent Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

1 2 3 4 5 6 7 8 9 0 0

21.b. Passport Number of Your Most Recently Issued Passport

G12345678

21.c. Travel Document Number (if any)

N/A

If you have a travel document issued by USCIS, provide the document number. Otherwise, enter "N/A"

21.d. Country That Issued Your Passport or Travel Document

China

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

08/11/2023

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

01/15/2014

23. Place of Your Last Arrival Into the United States

Houston TX

Date and place of last arrival into the US should be on your passport, on an oval red and blue stamp near your visa page

24. Immigration Status at Your Last Arrival (B-2 visitor, F-1 student, or no status)

F-1 Student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-1 Student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

N-00123456789

SEVIS# is on your current I-20. If you previously had different SEVIS number, use Part 6 (p.7) to provide more details

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions for the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (3) (c)

(c)(3)(c) = STEM OPT

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.c.

28.a. Degree

BA MA PhD etc

28.b. Employer's Name as Listed in E-Verify

EMPLOYER NAME

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

6 or 7 digit number not the TAX EIN

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant

30. **Eligibility Category.** If you entered the eligibility category (c)(35) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

NOTE: refer to Pending Document for information

LEAVE ALL FIELDS FROM 29 TO 31 BLANK, NOT FOR OPT

31.a. **(c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to Item Number 31.b., refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.,** in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4**, read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Provide your contact information

If you used an interpreter, provide interpreter's name, otherwise, put NA in 1a, b and leave all fields in Part 4 blank

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

Check this box to verify that you can read and understand English, you have read and understand every question.

I certify that the information contained in this application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is correct.

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is correct.

Sign in black ink. Don't forget to add date

Applicant's Signature

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

If you used an interpreter, provide interpreter's name, otherwise, leave all fields in Part 4 blank

Interpreter's

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:
I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

If you completed Form I-765 by yourself, leave all fields in Part 5 blank

Preparer's Mailing

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

If you completed Form I-765 by yourself, leave all fields in Part 5 blank



Part 6. Additional Information

Provide information about your eligibility for STEM OPT. the 6-digit CIP is printed on page 1 of your I-20 under "Major" in the Program of Study section. The CIP code must be listed on the STEM Designated Degree Program list for you to be eligible for OPT extension

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

These fields are auto-populated from Part 1

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. I-765 was filed and approved for 12-month post-completion OPT. EAD card number is YSC1234567890

Because "Yes" is marked on Page 2, part 2, question 12, provide information about your 12-month EAD and any other Form I-765 that had been previously filed before your 12-month EAD was issued

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. Previously used SEVIS number N0001234567

If you had different SEVIS number(s) than your current one, provide the number(s) by filling 4a, b, c, d

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. 12-month OPT was approved at bachelor's/master's/Ph.D degree level. Degree program with CIP code of 26.xxxx is currently listed on the STEM Designated Degree Program list. 12-month EAD card is valid from 11/08/2018 - 11/07/2019.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

DOCUMENTS FOR USCIS

Copy of I-94
Front and back copy of EAD card

Copy of Visa

Copy of Passport

Copies of ALL I-20s

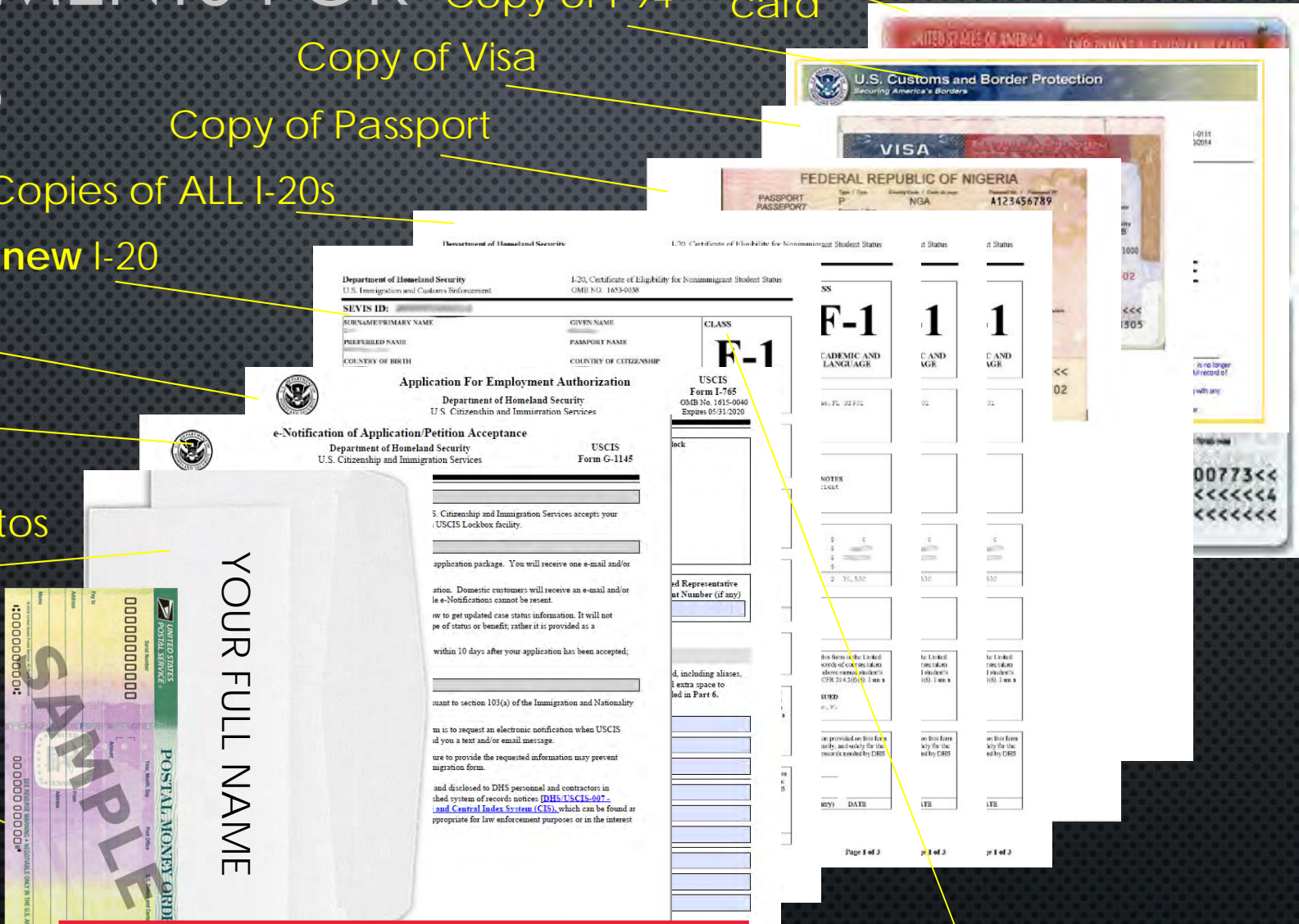
Copy of new I-20

I-765

G-1145

Passport photos & envelope

Check or Money order



These are the documents to submit to USCIS. Once your OPT I-20 is created, the front office will provide shipping instructions for your I-20.

Ship within 60 days of this I-20!