

24-Month STEM OPT Extension: F-1 Students

STUDENT INFORMATION

Last Name: _____	First Name: _____
IIT ID#: _____	SEVIS ID#: _____
IIT Email: _____	Phone #: _____
Degree Level: _____	Major: _____
Current Job Title: _____	OPT Expiration Date: _____

PRIOR STEM DEGREE (IF APPLICABLE)

Please complete this section ONLY if you are requesting an extension based on a prior STEM degree

Major Name: _____	School Name: _____
Major CIP code*: _____	School SEVIS Code: _____
Degree Level: _____	School Address: _____
Date degree was awarded: _____	Visa type at time of degree: _____

I have verified that this institution has been accredited by a national or regional accrediting body recognized by the U.S. Department of Education

I have verified that this institution is currently [SEVP certified](#)

*This may be found on page 1 of new form I-20 or page 3 of old form I-20; otherwise consult with degree-granting institution

ACKNOWLEDGEMENT

By signing below, I understand the following terms and conditions:

- I understand that my employment must be related to my field of study
- I am aware that my employers may contact the IC to give pertinent information regarding my employment
- I will limit unemployment to no more than 150 days throughout 36-month period of post-completion OPT
- I have reported all employment from my post-completion OPT and my employment history is up to date
- I understand that I am required to report the following changes to the International Center within 10 days:
 - Change of your name
 - Change of your home address
 - Change of the name and/or address of your employer
 - Any period of unemployment
- I understand that I must submit a new Form I-983 if there are any material changes to my training plan under my current employer OR if I change my employer
- I understand that I must make a validation report to the International Center every 6 months beginning with the start date of my OPT Extension even if nothing has changed, as well as the "Evaluation of Student Progress" portion of the I-983 every 12 months
 - **6-month Validation Date (mm/dd/yy):** (____ / ____ / ____)
 - **12-month Validation & Self-Evaluation Date (mm/dd/yy):** (____ / ____ / ____)
 - **18-month Validation Date (mm/dd/yy):** (____ / ____ / ____)
 - **24-month Validation & Self-Evaluation Date (mm/dd/yy):** (____ / ____ / ____)
- I agree to these terms and understand that if I do not comply, I will be failing to maintain my F-1 status

Student Signature: _____ Date: _____

International Center

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