



INTERNATIONAL OFFICE

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

24-Month OPT STEM Extension Request Form

INSTRUCTIONS: [1] Gather & prepare documents listed below. [2] Submit all documents listed below to International Office via mail, in person or email to international@calstatela.edu with single-sided page in PDF file format.

- | | |
|---|---|
| <input type="checkbox"/> 24-Month OPT STEM Extension Request Form | <input type="checkbox"/> Copy of current post-completion OPT I-20 |
| <input type="checkbox"/> Form I-765 | <input type="checkbox"/> Copy of I-94 |
| <input type="checkbox"/> Form G-1145 | <input type="checkbox"/> Copy of visa |
| <input type="checkbox"/> Form I-983 | <input type="checkbox"/> Copy of passport |
| <input type="checkbox"/> Copy of STEM degree/ official transcript | <input type="checkbox"/> Two (2) U.S.-style passport photos |
| <input type="checkbox"/> Copy of EAD (front & back) | <input type="checkbox"/> \$410 check/money order |

NOTES: Incomplete Packets (including incomplete forms) will NOT be processed. Do not submit any original I-20 for processing your OPT STEM extension application.

Please allow 10 business days (minimum) to process your request upon submission to International Office. You will receive an email when your application has been reviewed and new I-20 is ready to pick up

DELIVERY/RETURN OPTIONS *(Please choose one)*

- Mail via UEMS: Student requires to set up account and prepay the delivery fee at <https://study.eshipglobal.com/>
- Authorized person pick-up with [Release of Documents and Information \(FERPA waive form\)](#)
- In-person pick-up

STUDENT'S INFORMATION:

Cal State LA CIN _____ SEVIS Number _____

Last name _____ First name _____

U.S. residence address _____

EAD mailing address _____

Email _____ Phone _____

Approved OPT Dates (see EAD card): From _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)

CURRENT EMPLOYMENT AND EMPLOYER INFORMATION: (INFORMATION MUST BE ACCURATE)

Current Job Title _____ Employment Start Date _____ Full-time
(more than 20 hours/week)

Supervisor's Last Name _____ Supervisor's First Name _____ Part-time
(20 hours or less/week)

Supervisor's Email _____ Phone _____ 6 digit E-verify No., if any

Company Name _____

Employer's Address _____ Employer Identification Number: _____

City _____ State _____ Postal Code _____

Job duties _____

PREVIOUS PERIODS OF AUTHORIZED OPT EMPLOYMENT

Employment Start Date (MM/DD/YYYY)	Employment End Date (MM/DD/YYYY)	Previous Employer Information	(Check appropriate one)
		Job title: Employer name: Work Address: City/State/Zip Code: Supervisor's name and phone number: Supervisor's Email: Job Duties:	<input type="checkbox"/> Full-time <small>(more than 20 hours/week)</small> <input type="checkbox"/> Part-time <small>(20 hours or less/week)</small> <input type="checkbox"/> 6 digit E-verify No., if any _____ Employer Identification Number: _____

Employment Start Date (MM/DD/YYYY)	Employment End Date (MM/DD/YYYY)	Previous Employer Information	(Check appropriate one)
		Job title: Employer name: Work Address: City/State/Zip Code: Supervisor's name and phone number: Supervisor's Email: Job Duties:	<input type="checkbox"/> Full-time <small>(more than 20 hours/week)</small> <input type="checkbox"/> Part-time <small>(20 hours or less/week)</small> <input type="checkbox"/> 6 digit E-verify No., if any _____ Employer Identification Number: _____

Employment Start Date (MM/DD/YYYY)	Employment End Date (MM/DD/YYYY)	Previous Employer Information	(Check appropriate one)
		Job title: Employer name: Work Address: City/State/Zip Code: Supervisor's name and phone number: Supervisor's Email: Job Duties:	<input type="checkbox"/> Full-time <small>(more than 20 hours/week)</small> <input type="checkbox"/> Part-time <small>(20 hours or less/week)</small> <input type="checkbox"/> 6 digit E-verify No., if any _____ Employer Identification Number: _____

F-1 OPT EXTENSION AGREEMENT

As part of the Optional Practical Training (OPT) extension request, the following are F-1 OPT requirements in which international students must comply. Failure to comply with these additional requirements will result in the termination of the OPT work authorization.

1. I will provide International Office my residential address in the U.S. within ten (10) days of the change.
2. I will provide International Office my employment information, including business legal name, address, telephone number, supervisor's name and contact information, and start and end date of said employment, within ten (10) days of said changes.
3. I will not accrue more than 120 days of unemployment during my 36 months of OPT work authorization period; otherwise my OPT extension will automatically terminate.
4. I will work only for an employer registered with the E-Verify employment verification system.
5. I will maintain a valid passport during my OPT work authorization period.
6. I will maintain valid medical health insurance per my requirement as an F-1 international student.
7. I will only work in a position directly related to my major field of studies.

I certify I understand and will comply with the above requirements.

Student's Signature

Name (Print)

Date