



# 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](mailto: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 \(FERPA waiver form\)](#)
- 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.**

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Student's Signature

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Name (Print)

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Date