

**CENTER FOR INTERNATIONAL SERVICES**

310 Walnut Place | Syracuse, New York
13244-2380 TEL: 315-443-2457 | FAX:
315-443-3091 EMAIL: international@syr.edu

STEM EXTENSION DATA SHEET

Biographical Information

1. Today's Date (mm/dd/yyyy):		2. Full Name as noted on passport :	
		<i>Last</i>	<i>First</i>
		<i>Middle</i>	
3. SU ID:		4. SEVIS #:	N
		5. Country of Citizenship:	

Contact Information

6. Current Phone:		7. Current E-mail Address:	
8. U.S. Address:			

Academic Program of Study

9. Degree Level:	Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/>	Ph.D. <input type="checkbox"/>		
10. Academic Major(s):				11. CIP code (under Major I on your I-20):	

Optional Practical Training Information

12. Current EAD End Date (mm/dd/yyyy):		13. How many days of unemployment have you accrued during your initial OPT EAD authorization period?	
14. Have you maintained valid F-1 status while on OPT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have reported all changes of name, address, employers, and interruptions of employment to the Slutzker Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GH9A Employer Information

16. Company Name: <small>E-verified</small>		17. Company Address: <small>including zip code</small>	
18. Supervisor's Name:		19. Supervisor's phone # and email:	
20. Your Job Title:		21. Your employer's E-Verify number:	
22. I attest that I understand the criteria for maintaining F-1 status while engaging in OPT and that the information I provided above and the documentation I submitted with my STEM Extension Request is true and valid.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Date

(SCIS Advisor Use ONLY)**STEM OPT Extension Document Review**

- | | |
|--|---|
| <input type="checkbox"/> Copy of I-94 | <input type="checkbox"/> Did not accrue more than 90 days of unemployment |
| <input type="checkbox"/> STEM Student Responsibility Checklist | <input type="checkbox"/> Qualifying CIP Code and STEM degree program |
| <input type="checkbox"/> Copy of transcript or diploma | <input type="checkbox"/> Employer's E-Verify Number |
| <input type="checkbox"/> Completed Form I-983 | |

Notes

Advisor's Initials:

Date Received:

Date Mailed:

STEM Dates: