



OFFICE OF INTERNATIONAL PROGRAMS STEM EXTENSION REQUEST FORM

PERSONAL & PROGRAM INFORMATION:

LEGAL NAME _____
Last First Middle

SEVIS ID # N _____ Salve ID # _____
Found on I-20

DATE OF BIRTH _____ PHONE _____

EMAIL _____@salve.edu PERSONAL EMAIL _____

TYPE OF DEGREE _____ MAJOR _____
Bachelor's or, Master's

DATE OF GRADUATION _____
dd/mm/yyyy (as indicated on I-20)

US LOCAL ADDRESS _____
Street Apt# City State Zip Code

ADDRESS WHERE OPT WILL BE MAILED _____
(cannot be the OIP address) Street Apt# City State Zip Code

CURRENT OPT INFORMATION:

Start and end date on your EAD (OPT card) _____

STEM EXTENSION:

Start Date _____
First day after program end date on EAD or end of Cap Gap

End Date _____
24-months later

**Have you applied for a STEM Extension in the past? Yes _____ No _____

**Have you gone over your 90 days of unemployment during post-completion OPT? Yes _____ No _____

STUDENT SIGNATURE _____ TODAY'S DATE _____

OIP OFFICE USE ONLY		
_____	_____	_____
SEVIS	DSO INITIALS	DATE