

Complete this form and submit to your Designated School Official / Point of Contact, along with the appropriate supporting documentation, for review and approval in order for a Form I-20 recommending an Optional Practical Training STEM Extension to be issued.

A. Student Information

Student Last/Family Name (printed)

Student First Name (printed)

Student SEVIS ID Number

Student DSI Number

U.S. Address

City/State/ZIP Code

U.S. Telephone Number

Email

B. Supporting Documentation

Please provide copies of the supporting documentation listed below to your Designated School Official / Point of Contact with this completed form.

- A copy of your current Employment Authorization Document authorizing your employment for currently approved Post-Completion Optional Practical Training
- A copy of your offer of employment or letter from your employer confirming your current employment

C. Employer Information

Please provide the name and address for the employer at which you will be employed during any approved Optional Practical Training STEM Extension. The employer must be a participant in good standing in the US Department of Homeland Security E-Verify program. It is the sole responsibility of the student to confirm that the employer listed is an eligible employer.

Job Title:

Start Date of Employment
(Month, Day, and Year):

Employer/Business Name:

Employer/Business Address:

Employer Identification
Number:

C. Supervisor Information

Supervisor Last Name

Supervisor First Name

Telephone Number

Email Address

D. Related Coursework Comment

What skills have you learned in your degree program that will be used during your employment? Please explain how those skills will be implemented.

E. Employment Related to Degree Program

Students authorized for employment through the use of Optional Practical Training are only authorized to engage in employment that is related to his/her degree program. It is the sole responsibility of the student to ensure that his/her employment is related to his/her degree program and to provide documented justification of this relationship upon request from the US Department of Homeland Security.

F. Student Reporting Requirements

Students authorized for employment through the use of Post-Completion Optional Practical Training must report to his/her DeVry University Designated School Official / Point of Contact any change in employer (including the name and address of the employer) and any change in employment status to his/her Designated School Official / Point of Contact within 10 days of the change.

G. Student Certification and Signature

I hereby certify that I have read and understood the instructions above. I understand that submission of this request is no guarantee of an approval for the issuance of a Form I-20 recommending an Optional Practical Training STEM Extension.

I understand that the issuing of a Form I-20 recommending an Optional Practical Training STEM Extension does not authorize me to engage in employment activities and that I must still apply for employment authorization with the US Department of Homeland Security. If I should engage in employment activities prior to receiving authorization from the US Department of Homeland Security, unless the employment has been authorized under different F-1 visa benefits, that my F-1 visa status will be terminated.

Student Signature

Date

This Section for Use By Designated School Official / Point of Contact Only

I have reviewed this request, all supporting documentation and student eligibility requirements and hereby have made the decision below regarding the request for the issuing of a Form I-20 recommending an Optional Practical Training STEM Extension for the student noted above.

I understand that this decision does not constitute final approval of the request and that such final approval, if granted, will be provided in the form of an updated Form I-20 authorizing this request.

- Application Accepted**
- Application Denied – Reason for Denial:**

Designated School Official / Point of Contact Name (printed)

Designated School Official / Point of Contact Signature

Date