

24-Month STEMOPT Extension – Student Request

1. Student's Name
Family name First name Middle name

2. U of M ID#
3. SEVIS ID #

4. Email 5. Phone

6. Major on I-20 7. Degree Level on I-20 (e.g., BA, BS, MA, MS, PhD)

8. Visa expiration date
Month Day Year 9. Passport expiration date
Month Day Year

10. Have you sent a copy of your current EAD to ISP? Yes No
11. Have you reported your 12-month OPT employment information to ISP? Yes No
12. Have you updated your current mailing address in MyU Portal under Personal Information? Yes No
13. Have you ever been granted employment authorization for STEM OPT Extension? Yes No
If Yes, at what degree level?

14. Update your financial information for the next 12 months

Expenses		Sources of funding	
Living expenses: \$	<input type="text"/>	(Minimum of \$14,008)	Personal funds/savings: \$ <input type="text"/>
Expenses of dependents: \$	<input type="text"/>		Funds from another source: \$ <input type="text"/>
1 dependent	\$8,292		Specify source: <input type="text"/>
2 dependents	\$11,652		
3 dependents	\$14,352		
4 dependents	\$17,100		
Total Expenses	\$	<input type="text"/>	Total Funding
			\$ <input type="text"/>

15. Current EAD dates: from
Month Day Year to
Month Day Year

16. Employer name:

17. Employer mailing address:

City State Zip code

18. Job Title:

19. How would you like to receive the new I-20?
 Pick up at ISP Express Mail (student will pay for the shipping - you will receive an e-mail with instruction later)
 US Mail (Residential address - do not use your employer's address):

STATEMENT: I have read the attached cover pages regarding optional practical training and fully understand the implications of the authorization. The information I have provided is true and correct.

Student's Signature Month Day Year