



OPTIONAL PRACTICAL TRAINING (OPT) STEM EXTENSION REQUEST FORM

SECTION 1: STUDENT INFORMATION

Instructions: This section is to be completed by the student requesting the OPT Extension. Students must also complete [Form I-983 \(See instructions\)](#). Once complete, email both forms to international@kutztown.edu.

First (Given) Name: _____ Last (Family) Name: _____

Kutztown Major: _____

End Date of current OPT placement (*mm/dd/yy*): _____

Are you using a prior STEM degree for this request? No Yes; Major: _____

Explain how the STEM OPT employment is related to your course of study:

SECTION 2: EMPLOYER INFORMATION

Instructions: This section is to be completed by the student requesting the OPT Extension.

Organization Name: _____

Job Title: _____

Employer EIN: _____

Confirmed Start Date (*mm/dd/yy*): _____ Confirmed End Date (*mm/dd/yy*): _____

Full-time status: More than 20 hours/week.

Part-time status: 20 or less hours/week.

Organization Address: _____

Supervisor Name: _____

Email: _____ Phone Number: _____