



F-1 OPT STEM Extension Request Form

Please prepare the following documents to request a 17-month STEM extension of OPT:

- OPT Stem Extension Request Form signed by your Employer (page2)
- Review the Office of International Service's website for [STEM Extension eligibility](#)
- Completed form [I-765](#), Application for Employment Authorization. (C3C for #16 of I-765)
- Form [G-1145](#), E-notification of Application/Petition Acceptance
- 2 Passport-style photographs that meet [USCIS specifications](#).
- Copies of Valid Passport, Visa Stamp, and I-94 card
- Copies of ALL form I-20s from all schools previously attended
- Copy of transcripts and diploma
- Copy of previously issued OPT card(s)
- Check or money order in the amount of \$380 made payable to "US Department of Homeland Security"

If you are in the Baltimore-area please arrange an appointment with the OIS to finalize the 17-month STEM extension request. If you are out of town please contact the [OIS](#) to discuss the logistics of filing the application.

Completed by F-1 Student

Family Name _____ First Name _____

Date of Birth _____ Email Address _____

I am requesting a 17-month extension of my OPT and agree to report to the OIS any changes in my name, mailing or residential address, employer address or employment status using the [OPT Reporting Form](#). I also agree to verify this information with the OIS every 6 months while on OPT.

Signature _____ Date _____



Completed by the Employer of the student on OPT eligible for a 17-month extension

The student referenced above is applying for a 17-month extension of Optional Practical Training (OPT). Before this authorization can be granted the Office of International Services (OIS) must confirm the employer is enrolled in the US Citizenship & Immigration Services' E-Verify employment verification system. The Employer must also agree to report to the OIS within 48 hours if the student leaves the employment.

Please complete the information below and return to the OIS so we may process this student's request. If you have any questions please do not hesitate to contact the [OIS](#).

The information below must be completed in its entirety by the EMPLOYER not the international student.

On behalf of: _____, I, _____
(Name of Employer) (Employer's Representative)

Attest the student referenced above is employed in my company. I further agree to report to the Office of International Services within 48 hours of when this student leaves employment with the company.

Employer Representative's Name (print) _____

Signature _____ Date _____

Employer's Name as listed in E-Verify _____

Employer's E-Verify Company Identification Number or valid E-Verify Client Company Identification
Number _____

Please direct any questions to:

University of Maryland Baltimore, Office of International Services
621 W. Lombard Street
Baltimore, Md. 21201
Phone: (410) 706-7488
Website: www.umaryland.edu/ois