

OPT EXTENSION ELIGIBILITY WORKSHEET

PERSONAL INFORMATION

Last Name

First Name

C.W. Post ID Number

Approved OPT start date

to

Approved OPT end date

EXTENSION ELIGIBILITY REQUIREMENTS

You can apply for an OPT extension if you meet the requirements listed below.

- I have completed my studies and my degree has been conferred by C.W. Post.
 Degree Conferral Date: _____
- My conferred degree program is one of the STEM programs listed below (science, technology, engineering, math).
- | | | |
|---|---|--|
| <input type="checkbox"/> Actuarial Science | <input type="checkbox"/> Biological and Biomedical Sciences | <input type="checkbox"/> Computer Science |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Engineering Technologies | <input type="checkbox"/> Military Technologies |
| <input type="checkbox"/> Physical Sciences | <input type="checkbox"/> Science Technologies | |
| <input type="checkbox"/> Mathematics & Statistics | <input type="checkbox"/> Medical Scientist (MS, PhD) | |
- My current or prospective employer is registered in the USCIS E-Verify system.
 Employer Name as listed in E-Verify system: _____
 Employer E-Verify Company/Client Identification Number: _____

ADDITIONAL EXTENSION RESPONSIBILITIES

- * I understand that I must be currently authorized for a 12-month period of OPT and be working for a US employer in a job directly related to my field of study.
- * I must have successfully completed a bachelor's, master's or doctoral degree in a field on the DHS STEM Designated Degree Program list, from a SEVIS-certified US college or university.
- * At the time of application for the 17-month extension, I must have a job-offer or be employed by an employer registered with the "E-Verify" federal employment verification system.
- * I am aware that I can only receive one 17-month OPT extension after earning a STEM degree for my entire U.S. academic career.
- * I understand I must apply for the 17-month extension through the International Student Services (ISS) office. The DSO must recommend the extension and issue a new I-20 with the recommendation noted.
- * I understand I must apply for the extension using form I-765 with the fee to the US Citizenship and Immigration Services (USCIS) Processing Center having jurisdiction over the my residence.
- * I am aware I must file the extension application in a timely manner, before my current EAD card expires. If I file the application timely I may continue employment while the extension application is pending, until a final decision is made, or for 180 days, whichever comes first.
- * I understand that my employer must agree to report my termination or departure from employment to the ISS Office or through any other process chosen by the Department of Homeland Security.
- * I am aware that I agree to report the following information to the ISS office of C.W. Post:
 - o Change of name
 - o Change of residential or mailing address
 - o Name and address of employer
 - o Change in the name or address of employer
 - o When employment changes or terminates
- * I agree to provide a report every six months to the ISS office to verify the above information.
- * I understand the authorization period for the 17-month OPT extension begins the day after the expiration of my initial post-completion OPT employment authorization, and ends 17 months later, regardless of the date the extension is approved.

E-VERIFY INFORMATION

E-Verify is an Internet-based system operated by the Department of Homeland Security in partnership with the Social Security Administration. E-Verify allows participating employers to electronically verify the employment eligibility of their newly hired employees. E-Verify is free and voluntary.

For more information on E-Verify, visit: http://www.dhs.gov/ximgtn/programs/gc_1185221678150.shtm