



LILLIAN AND EMANUEL SLUTZKER
CENTER FOR INTERNATIONAL SERVICES
 DIVISION OF STUDENT AFFAIRS
 310 Walnut Place | Syracuse, New York 13244-2380
 TEL: 315-443-2457 | FAX: 315-443-3091
 EMAIL: lescis@syr.edu

STEM EXTENSION DATA SHEET

Biographical Information

1. Today's Date (mm/dd/yyyy):		2. Full Name as noted on passport :	
		<i>Last</i>	<i>First</i>
		<i>Middle</i>	
3. SU ID:		4. SEVIS #:	N
		5. Country of Citizenship:	

Contact Information

6. Current Phone:		7. Current E-mail Address:	
8. U.S. Address:			<input type="checkbox"/> Residential <input type="checkbox"/> Mailing
9. For I-20 Mailing: U.S. Mailing Address (if different than above):			
10: Mailing Preference:	<input type="checkbox"/> Standard Mail <input type="checkbox"/> Courier Service—must arrange and pay for services here.		

Academic Program of Study

11. Degree Level:	Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D. <input type="checkbox"/>	
12. Academic Major(s):	13. CIP code (under Major I on your I-20):	

Optional Practical Training Information

14. Current EAD End Date (mm/dd/yyyy):		15. How many days of unemployment have you accrued during your initial OPT EAD authorization period?	
16. Have you maintained valid F-1 status while on OPT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have reported all changes of name, address, employers, and interruptions of employment to the Slutzker Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GH9A Employer Information

19. Company Name: <small>E-verified</small>	20. Company Address: <small>including zip code</small>
21: Supervisor's Name:	22: Supervisor's phone # and email:
23: Your Job Title:	24. Is your employer registered with E-Verify? <input type="checkbox"/> Yes <input type="checkbox"/> No
25: I attest that I understand the criteria for maintaining F-1 status while engaging in OPT and that the information I provided above and the documentation I submitted with my STEM Extension Request is true and valid.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	
Date	

(SCIS Advisor Use ONLY)

STEM OPT Extension Document Review

- | | |
|--|--|
| <input type="checkbox"/> Copy of I-765
<input type="checkbox"/> Copy of current EAD card and any previously issued EAD cards
<input type="checkbox"/> Copies: passport, visa, I-94 (front & back), health insurance
<input type="checkbox"/> STEM Student Responsibility Checklist
<input type="checkbox"/> Copy of transcript or diploma
<input type="checkbox"/> Completed Form I-983 | <input type="checkbox"/> Mailing information (and payment details if applicable)
<input type="checkbox"/> Maintained F-1 Status
<input type="checkbox"/> Reported Changes in Address, Name, Email, & Employment
<input type="checkbox"/> Did not accrue more than 90 days of unemployment
<input type="checkbox"/> Qualifying CIP Code and STEM degree program
<input type="checkbox"/> Employer's E-Verify Number on I-765 |
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Notes

Advisor's Initials:	Date Received:	Date Mailed:	STEM Dates:
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