

## OPTIONAL PRACTICAL TRAINING (OPT) STEM Extension Request Form

## FORM INFORMATION

SIGNATURE & DATE: \_

This form provides the Office of International Education and Global Engagement with information to determine if the student is eligible for a STEM OPT extension. If eligible, a DSO will provide an updated Form I-20 with STEM OPT recommendation.

STUDENT INFORMATION	
NAME:	KU ID:
KU STEM MAJOR:	
	☐ GRADUATE - MASTERS ☐ GRADUATE - DOCTORAL
ARE YOU USING A PRIOR STEM DEGREE FOR THIS  *You will be required to submit a copy of years.	<b>REQUEST</b> ? $\square$ YES* $\square$ NO our old Form I-20 to verify the CIP code of your STEM degree.
NAME OF UNIVERSITY YOU EARNED YOU	R STEM DEGREE:
STEM MAJOR EARNED AT THIS UNIVERSIT	ΓΥ:
OPT EMPLOYMENT INFORMATION	
JOB TITLE:	
CONFIRMED START DATE OF EMPLOYMENT OPT:	
CONFIRMED END DATE OF EMPLOYMENT OPT: _	
<b>TYPE OF OPT</b> : ☐ Full-time status: More than 20 hours/week. ☐ Part-time status: 20 or less hours/week.	
EMPLOYER EIN NUMBER:	
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
CITY:	STATE: ZIP CODE:
SUPERVISOR NAME:	
EMAIL:	PHONE NUMBER:
PROVIDE A BRIEF DESCRIPTION OF HOW THIS EM	IPLOYMENT IS RELATED TO YOUR MAJOR COURSE OF STUDY: