

HUNTER

The City University of New York

International Student Office (ISO)
Division of Student Affairs

24-Month OPT STEM Extension (Science, Technology, Engineering, Mathematics)

Eligibility Requirements & Application Filing Instructions for Students in F-1 Status

International Students Office Email: *intlss@hunter.cuny.edu*

695 Park Avenue, Room 1109/1133 Hunter East
Telephone: (212)772-4864 Fax: (212)650-3147
ISO Website: <http://www.hunter.cuny.edu/student-services/is>

Effective date: May 12, 2021

Understanding the Optional Practical Training (OPT) STEM Extension

If you are an F-1 student with approved OPT and you are currently working, you may be eligible to apply for an extension if you earned a degree in a specialized field called STEM. STEM degrees are in the fields of Science, Technology Engineering and Mathematics, listed on at this link:

<https://www.ice.gov/sites/default/files/documents/stem-list.pdf>

To be eligible to apply for a STEM extension, you must file your request 3 months before your OPT expires. You must also work for a company or employer that is E-Verify. For more information on how an employer can register in the E-Verify program or to search for a list of employers already registered go to the

U.S. Immigration website below: <http://www.uscis.gov/e-verify/about-program/e-verify-employers-search-tool>

How to Apply for a New 24-Month OPT STEM Extension

1. Request an appointment with one of the International Student Advisor, Iris Aroyewun-Birchwood or Nadege Coriolan at emails- iaroyewu@hunter.cuny.edu or ncoriola@hunter.cuny.edu, respectively; also copy the International students office email at intlss@hunter.cuny.edu. We must review your forms before you can send the request to U.S. Immigration Services for processing. Our contact information and office location is provided in the front page of the packet.
2. Complete the required form I-765 (Employment Authorization Form) using a blue ink pen.
NOTE: Do not enter the date on your completed form before you meet with the International Student Advisor!! To download and print form I-765, go to: page 6

<https://www.uscis.gov/sites/default/files/files/form/i-765.pdf> See the attached sample form I-765
3. Complete form G-1145 if you would like to receive updates on the status of your OPT STEM application from U.S. Immigration Services. To download and print form 1145G, go to: <https://www.uscis.gov/sites/default/files/files/form/g-1145.pdf> See the attached sample 1145G on page 5
4. Complete form I-983 (Training Program for STEM OPT Students) and provide the information that is requested about your employment, training and evaluation. To download form I-983, go to: <https://www.ice.gov/sites/default/files/documents/Document/2016/i983.pdf>
5. Bring a personal check or money order to cover the OPT STEM processing fee of \$410.00. Make the check/money order payable to "U.S. Department of Homeland Security".
6. Bring a photocopy the biographical page of your passport, which contains your picture and expiration date.
7. Bring a photocopy of your I-94 front and back in separate pages. This is the white card that was stapled on to your passport if you entered the U.S. before April 2013. If you entered the U.S. after this date, you can retrieve and print a copy of your new I-94 by logging on to:
<https://www.cbp.gov/travel/international-visitors/i-94>
8. Bring a copy of your OPT EAD card (employment authorization document) front and back.
9. Mail a copy of the new SEVIS I-20 form you receive from the international student advisor with the endorsement for the 24-Month OPT STEM extension with your application and all supporting documents. **NOTE:** The U.S. Immigration Office address you use depends on the manner in which you mail your 24 Month STEM application such as via the United States Postal Service or FEDEX or any other private courier service you have chosen (example: See the list of Immigration Office lockboxes on page 11).



Dear applicant:

You **MUST** fill out the I-765 form online. Following is the link for the instructions for the I-765 <https://www.uscis.gov/sites/default/files/files/form/i-765instr.pdf>

All you need is access to a computer and a printer to immediately print out a hard copy of the form. Please visit the website below and type in your information and once you are done, print the I-765 form then sign it with a **BLUE INK PEN**.

****Please pay attention to the circled areas in the sample attached****

<https://www.uscis.gov/sites/default/files/files/form/i-765.pdf>

Tips for filling out the I-765 form

I am applying for

Permission to accept employment should be checked.

Items 10 - 11:

Check "Yes" for both 10 and 11 if you do not have a Social Security Number or if you need a replacement card. Check "No" for both 10 and 11 if you have a Social Security card already.

By answering these questions you will also be applying for a Social Security Number (SSN) with the Social Security Administration (SSA). Your SSN will be issued, and you will receive an SSN card within 2-4 weeks of your OPT application approval. You will not need to submit a separate application for an SSN to the SSA.

Item #14

The answer can be found on your **I-94** card (the white card stapled inside your passport) or retrieved from www.cbp.gov/i94 if you entered the U.S. after April 2013.

Item # 18

The answer for it should be student, if your last entry into the U.S. was with an F-1 visa.

Item # 20

(c) (3) (B) Post-completion Optional Practical Training **LOWER CASE c NUMBER 3 and UPPERCASE B**

(c) (3) (A) Pre-Completion Optional Practical Training

(c) (3) (C) STEM-Science Technology Engineering Mathematics

(c) (3) (ii) International Organization

(c) (3) (iii) Economic Hardship

You must sign, enter your telephone number and date on the I-765. Failure to do so will cause a delay in receiving your employment card.

Any USCIS (United States Citizenship and Immigration Services) form fees are subject to change at any time. So, for updated fees of a particular USCIS form or to download a form, please visit <http://uscis.gov>

Photo standards: 2x2 ONLY

I-94 replacement

If you have lost your I-94 and your last entry to the U.S. was prior to April 30, 2013, you can apply for another by filing out the I-102 form <https://www.uscis.gov/i-102> after April 30, 2013 get another one online www.cbp.gov/i94

EAD (Employment Authorization Documentation) Card, once you receive the EAD card from USCIS, please provide a copy to the ISO staff.

To access the most updated Form G-1145 search: USCIS G-1145.pdf and click on the first result or you can go to www.uscis.gov click on the "Forms" tab and scroll down to Form G-1145. Complete the form and print it out.



e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Unrecoverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant a type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receiving your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)

Sample of I-765 | Application for OPT Employment Authorization

Use this sample form as a guide when filling out your application.



Please refer to the USCIS I-765 instructions for line by line guidance on how to fill out the form.

If you feel you do not have enough space to answer any questions, use the space provided in Part 6.

It is acceptable to handwrite information in fields that may not be fillable. For example, Apt #.

Check this box for
STEM OPT

This name should match your
passport.

Application For Employment Authorization		USCIS Form I-765 OMB No. 1615-0040 Expires 03/31/2022	
	Department of Homeland Security U.S. Citizenship and Immigration Services		
<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block	
<input type="checkbox"/> Authorization/Extension Valid Through			
For USCIS Use Only	Alien Registration Number	Leave Blank	
Remarks			
To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any)	
<p>▶ START HERE - Type or print in black ink. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.</p>			
Part 1. Reason for Applying		Other Names Used	
I am applying for (select only one box):		Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.	
1.a. <input type="checkbox"/> Initial permission to accept employment.		Additional Information.	
1.b. <input type="checkbox"/> Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.		2.a. Family Name (Last Name)	<input type="text"/>
NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.		2.b. Given Name (First Name)	<input type="text"/>
1.c. <input checked="" type="checkbox"/> Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)		2.c. Middle Name	<input type="text"/>
		3.a. Family Name (Last Name)	<input type="text"/>
		3.b. Given Name (First Name)	<input type="text"/>
		3.c. Middle Name	<input type="text"/>
		4.a. Family Name (Last Name)	<input type="text"/>
		4.b. Given Name (First Name)	<input type="text"/>
		4.c. Middle Name	<input type="text"/>
		4.d. Given Name (First Name)	<input type="text"/>
		4.e. Middle Name	<input type="text"/>
Part 2. Information About You			
Your Full Legal Name			
1.a. Family Name (Last Name)	<input type="text" value="Doe"/>		
1.b. Given Name (First Name)	<input type="text" value="Jane"/>		
1.c. Middle Name	<input type="text"/>		
Form I-765 Edition 06/25/20  Page 1 of 7			

This section is where USCIS will mail your EAD card after your OPT is approved. If you will not receive mail at this address for at least 4 months, use another address (e.g. a friend's address).

If you will use your own address, then you can leave this line blank. If you use someone else's address, be sure to write their name in the "in Care of Name" line.

If this is not fillable, you must handwrite it.

If you answered "Yes", skip 7a-7d. For "No", complete 7a-7d.

This number is listed on your most recent EAD card. It can be found under the USCIS #" area. If you do not have one or lost it, then you can leave it blank.

Refer to the USCIS I-765 instructions-Item 9 on page 17. Leave this blank, if it does not apply to you.

Answer "Yes":

-If you still have your social security card. Complete 13b, answer "No" to 14 and skip to 18.a

- If you had one and would like a replacement card, answer "Yes" to 14 & 15 and complete 16-17.

Answer "No"

_if you never had one, skip 13b and complete 14-17.

Part 2. Information About You (continued)

Your U.S. Mailing Address (USPS ZIP Code Lookup)

- 5.a. In Care Of Name (if any) _____
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
6. Is your current mailing address the same as your physical address? Yes No

NOTE: If you answered "No" to Item Number 6, provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name _____
- 7.b. Apt. Ste. Flr. _____
- 7.c. City or Town _____
- 7.d. State _____ 7.e. ZIP Code _____

Other Information

8. Alien Registration Number (A-Number) (if any)
9. USCIS Online Account Number (if any)
10. Gender Male Female
11. Marital Status Single Married Divorced Widowed
12. Have you previously filed Form I-765? Yes No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No
- NOTE: If you answered "No" to Item Number 13.a, skip to Item Number 14. If you answered "Yes" to Item Number 13.a, provide the information requested in Item Number 13.b.
- 13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15, Consent for Disclosure, to receive a card.) Yes No

NOTE: If you answered "No" to Item Number 14, skip to Part 2, Item Number 18.a. If you answered "Yes" to Item Number 14, you must also answer "Yes" to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. Yes No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

- 18.a. Country
- 18.b. Country

For # 27

(c)(3)(A) - Pre-Completion OPT

(c)(3)(B) - Post-Completion OPT

(c)(3)(C) - OPT STEM Extension

Type your 11-alpha-numeric from your most recent I-94 at: <https://i94.cbp.dhs.gov/i94/#/recent-search>

If you have a travel document other than a passport, provide its number.

Indicate the last date you entered the U.S. sometimes the I-94 record may not capture this information if you traveled at land border. Therefore the date you indicate here and the date printed out on the electronic I-94 record may not match.

This is where you last entered the U.S. and received your entry stamp from U.S. Customs and Border Protection (CBP). List the City and State. If there is more than one airport in that city, please specify which airport. If you went through CBP preclearance before departure, indicate the name of the City, such as Toronto preclearance. Preclearance locations: <http://bit.ly/cbppreclear>

Your SEVIS Number is on the top left of your most recent I-20.

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth
Beijing

19.b. State/Province of Birth

19.c. Country of Birth
China

20. Date of Birth (mm/dd/yyyy) 01/01/2000

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ 1 2 3 4 5 6 7 8 9 A 0

21.b. Passport Number of Your Most Recently Issued Passport
12345678

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document
China

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/01/2030

22. Date of Your Last Arrival into the United States, On or About (mm/dd/yyyy) 08/12/2018

23. Place of Your Last Arrival into the United States
JFK New York NY

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
F-1 Student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
F-1 Student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N-001234567

Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).
(c) (3) (C)

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a. - 28.c.

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.c.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?
 Yes No

NOTE: If you answered "Yes" to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.)
 Yes No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?
 Yes No

Leave Blank



Print all 7 pages and sign 7.a. using a blue ink pen.

E-signature is not acceptable.

Note: The rest of part 4 and 5 of this form is not included in this sample because they refer to others who may have completed the form. Leave blank unless someone has assisted you in filling out this form. Use page 7, if you need extra space to answer any questions from pages 1-4.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

→

7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language specified in Part 3, Item Number

1.b., and I have read to this applicant in the identified language

every question and instruction on this application and his or her

answer to every question. The applicant informed me that he or

she understands every instruction, question, and answer on the

application, including the Applicant's Declaration and

Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)



Leave Blank

Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c, provide the following information:

- 30.d. Date you presented yourself to DHS
- 30.e. Location where you presented yourself to DHS
- 30.f. Country of claimed persecution
- 30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

Leave Blank

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8. - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 5., prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Check the box for 1.a.

For example, if an attorney has assisted you in filling out this form, indicate their name here, if not fillable, must handwrite.

Provide a U.S. phone number. You can type your cellphone number here.

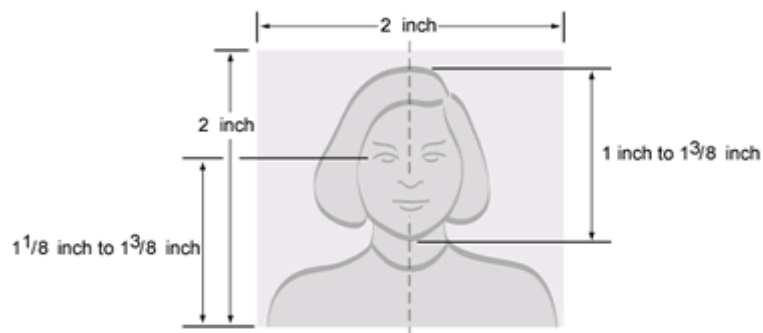
Please use a current email address.



Composition Checklist

7 Steps to Successful Photo

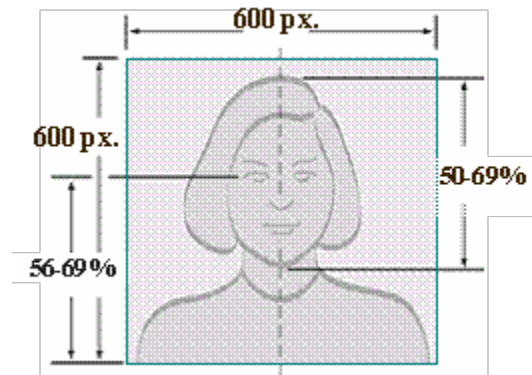
- ✓ Frame subject with **full face, front view, eyes open**
- ✓ Make sure photo presents **full head** from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inches (25 mm to 35 mm)
- ✓ **Center head** within frame (see below)
- ✓ Make sure **eye height** is between 1-1/8 inches to 1-3/8 inches (28 mm and 35 mm) from bottom of photo
- ✓ Photograph subject against a plain white or off-white **background**
- ✓ **Position subject** and **lighting** so that there are no distracting shadows on the face or background
- ✓ Encourage subject to have a **natural expression**



Well-Composed Photos



Digital Image



Head Size

The **head height** or **facial region size** (measured from the top of the head, including the hair, to the bottom of the chin) must be between 50% and 69% of the image's total height. The **eye height** (measured from the bottom of the image to the level of the eyes) should be between 56% and 69% of the image's height.

Image pixel dimensions must be in a square aspect ratio (meaning the height must be equal to the width). Minimum acceptable dimensions are **600 pixels (width) x 600 pixels (height)**. Maximum acceptable dimensions are **1200 pixels (width) x 1200 pixels (height)**.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

TRAINING PLAN FOR STEM OPT STUDENTS

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

OMB CONTROL NO. 1653-0054
EXPIRATION DATE: 03/31/2019

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (<i>Surname/Primary Name, Given Name</i>):	Student Email Address:		
Name of School Recommending STEM OPT: The City University of New York, Hunter College	Name of School Where STEM Degree Was Earned: The City University of New York, Hunter College	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): NYC214F00812008	
Designated School Official (DSO) Name and Contact Information: <input type="checkbox"/> <i>Iris Aroyewun-Birchwood, DSO,</i> <input type="checkbox"/> <i>Nadege Coriolan, DSO,</i> <input type="checkbox"/> <i>James Robert Sichler, DSO,</i> 212-772-4864, Intlss@hunter.cuny.edu	Student Status ID No.:	STEM OPT Requested Period: (<i>mm-dd-yyyy</i>) From: _____ To: _____	
Qualifying Major and Classification of Instructional Programs (CIP) Code: _____			
Level/Type of Qualifying Degree: _____			
Date Awarded: (<i>mm-dd-yyyy</i>) _____			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: _____			

SECTION 2: STUDENT CERTIFICATION
I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.
I certify that:
<ol style="list-style-type: none"> 1. I have reviewed, understand, and will adhere to this Training Plan for OPT Students ("Plan"); 2. I will notify the DSO at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan; 3. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the STEM OPT of students whom DHS determines are not engaging in OPT in compliance with the law, including the STEM OPT of students who are not, or whose employers are not, complying with this Plan; 4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and 5. I will notify the DSO at the earliest available opportunity regarding material changes to or deviations from this Plan, including but not limited to, any change of Employer Identification Number resulting from corporate restructuring, any nontrivial reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that I engage in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule.
Signature of Student: _____
Printed Name of Student: _____ Date: (<i>mm-dd-yyyy</i>) _____

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name:		Street Address:		Suite:	
Employer Website URL:		City:		State:	ZIP Code:
Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code:			
OPT Hours Per Week (must be at least 20 hours/week):	Compensation: A. Salary Amount and Value: _____				
Start Date of Employment (mm-dd-yyyy):	B. Other Compensation (Type and Estimated Amount or Value): 1. _____ 2. _____ 3. _____ 4. _____				

SECTION 4: EMPLOYER CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

I certify on behalf of the employer that this Training Plan for STEM OPT Student (Plan) is approved and that:

1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant increase in hours per week that a student engages in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;
3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (*Note: business days do not include federal holidays or weekend days; and an employer shall consider a student to have departed when the employer knows the student has left the practical training opportunity, or when the student has not reported for practical training for a period of five consecutive business days without the consent of the employer*); and
4. I will adhere to all applicable regulatory provisions that govern this program (*see 8 CFR Part 214*), which include, but are not limited to, the following:
 - a. The student's practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension, and the position offered to the student achieves the objectives of his or her participation in this training program;
 - b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
 - c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
 - d. The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions of the STEM practical training opportunity—including duties, hours, and compensation—are commensurate with the terms and conditions applicable to the employer's similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than two similarly situated U.S. workers in the area of employment, the terms and conditions of other similarly situated U.S. workers in the area of employment; and
 - e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

Note: DHS may, at its discretion, conduct a site visit of the employer to ensure that program requirements are being met, including that the employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this Plan.

Signature of Employer Official with Signatory Authority: _____

Printed Name and Title of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: _____

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)

Student Name (Surname/Primary Name, Given Name):

Employer Name:

EMPLOYER SITE INFORMATION

Site Name:

Site Address (Street, City, State, ZIP):

Name of Official:

Official's Title:

Official's Email:

Official's Phone Number:

Note: for the remaining fields in this section, employers who already have an internal/pre-existing training plan in place may fill in the details based on that plan.

Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her qualifying STEM degree.

Goals and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives for work-based learning related to his or her STEM degree. The description must both specify the student's goals regarding specific knowledge, skills, or techniques as well as the means by which they will be achieved.

Employer Oversight: Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the named F-1 student. If the employer has a training program or related policy in place that controls such oversight and supervision, please describe.

Measures and Assessments: Explain how the employer measures and assesses whether individuals filling positions such as that being filled by the named F-1 student are acquiring new knowledge and skills. If the employer has a training program or related policy in place that controls such measures and assessments, please describe.

Additional Remarks (optional): Provide additional information pertinent to the Plan.

SECTION 6: EMPLOYER OFFICIAL CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Employer Official with Signatory Authority - I certify that:

1. I have reviewed, understand, and will follow this Training Plan for STEM OPT Students (Plan);
2. I will conduct the required periodic evaluations of the student;*
3. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214.2(f)(10)(ii)); and
4. I will notify the DSO regarding any material changes to or material deviations from this Plan at the earliest available opportunity, including if I believe the student is not receiving appropriate training as delineated in this Plan.

Signature of Employer Official with Signatory Authority: _____

Printed Name and Title of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____

PRIVACY ACT STATEMENT

AUTHORITIES: Section 101(a)(15)(F) of the Immigration and Nationality Act of 1952, as amended (INA), 8 U.S.C. 1101(a)(15)(F), Section 641 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, Div. C, 110 Stat. 3009-546 (codified at 8 U.S.C. 1372), Section 502 of the Enhanced Border Security and Visa Entry Reform Act of 2002, Pub. L. 107-173, 116 Stat. 543 (codified at 8 U.S.C. 1762) and Homeland Security Presidential Directive No. 2 (HSPD-2), authorize U.S. Immigration and Customs Enforcement (ICE) to collect the information requested in this form.

PURPOSE: The information collection on this form is used to assist in the administration of the STEM Optional Practical Training (OPT) extension so that Designated School Officials (DSO) can properly recommend the Student for and review and help coordinate his or her STEM optional practical training opportunity.

ROUTINE USES: The information collected on this form may be shared with: the individuals who signed the Plan, relevant DSOs acting as liaisons with the DHS, Federal, State, local, or foreign government entities for law enforcement purposes, Members of Congress in response to requests on the Student's behalf, or as otherwise authorized pursuant to its published Privacy Act system of records notice - Privacy Act of 1974: U.S. Immigration and Customs Enforcement, DHS/ICE-001 Student and Exchange Visitor Information System (SEVIS) System of Records (<https://www.dhs.gov/system-records-notice-sorms>).

DISCLOSURE: The information you provide is voluntary. However, failure to provide the information requested on this form may delay or prevent participation in a STEM OPT opportunity.

PAPERWORK REDUCTION ACT

The public reporting burden for this collection of information is estimated to average 7.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid Office of Management and Budget (OMB) control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, send them to: U.S. Immigration and Customs Enforcement, Office of Policy, 500 12th Street SW, Washington, D.C. 20536

*See evaluation forms that follow for student's first evaluation, to occur before the one year anniversary of the start date of the student's STEM OPT employment authorization, and final program evaluation.

EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Large light blue rectangular area for student self-evaluation.

Signature of Student: _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority: _____

Printed Name of Employer Official with Signatory Authority: _____ Date (mm-dd-yyyy): _____

FINAL EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Large light blue rectangular area for final student self-evaluation.

Signature of Student: _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority: _____

Printed Name of Employer Official with Signatory Authority: _____ Date (mm-dd-yyyy): _____

CHECK LIST MAILING DOCUMENTS

- Check/money order for \$410.00: Application fee (Make payment to: U.S. Department of Homeland Security)
- Two passport photos: Needed to create employment card
(Write name, date of birth (month, day, year) and SEVIS # on the back of each picture)
- G-1145 form: E-Notification of Application (optional)
- I-765 Form: Employment Authorization Application Fill out the form on line and print it
- SEVIS I-20: I-20 form created for OPT STEM request, Also bring copies of your previous I-20s.**
- Copy of Diploma: Proof STEM Degree**
- Passport: Copy of biographical page with picture**
- Copy of I-94 front & back: Small white card or electronic copy**

*As of April 30th 2013, the Department of Homeland Security has begun rolling out their new electronic process, so the paper form will no longer be needed at entry and instead all the information will be attached to a record online that the immigration officer will pull up when a student enters. However, if travelers require a copy of their I-94 (record of admission) for any means necessary then it can be [obtained from www.cbp.gov/I94](http://www.cbp.gov/I94). If you received an I-94 prior to April 30th 2013: Photocopy your most recent I-94 (**front and back**) An I-94 is the white card stapled inside your passport. An I-94 is also known as the Admission number.

- Copy of your previous Employment Authorization Document , if applicable.
- I-983 Form -Fill out the form and print it. <https://www.ice.gov/sites/default/files/documents/Document/2016/i983.pdf> **_DO NOT MAIL-FOR OFFICE ONLY**
- *You **MUST** keep photocopies of **ALL** documents for your own records **BEFORE** mailing them to USCIS*

Mail the documents to ONE of the following addresses:

US POSTAL SERVICE <u>Express Mail</u>	PRIVATE <u>*FED EX*</u>	
U.S.C.I.S P.O. Box 805887 Chicago, IL 60680-4120	USCIS Attn: I-765 C03 131 South Dearborn - 3rd Floor Chicago, IL 60603-5517	

****We strongly recommended using express service via Fed Ex for easier tracking****

POST OFFICE

If you would like to mail your OPT documents immediately, there is a post office near Hunter College located on: *East 70th Street between 2nd and 3rd Avenue (CERTIFIED MAIL ONLY).*

Nearest FedEx Office Print & Ship Center – Open Monday-Friday: 7:30 AM-9:00 PM, Saturday: 10:00AM-6:00 PM; Sunday: 12:00 PM-6:00 PM

1200 Third Ave., located between East 70th and East 71st Streets and Third Avenue New York, NY 10021

Phone: (212) 452-0142,

Fax: (212) 327-1751

E-mail: usa1716@fedex.com

Website: www.Fedex.com/printonline