



A member of Minnesota State

STEM Extension Request Form

The STEM OPT Extension is a 24-month period of temporary training that directly relates to an F-1 student's program of study in an approved STEM field. All fields of study in the core STEM areas of engineering, biological sciences, mathematics and physical sciences are included.

To be completed by the student:

Personal Information

Metro State ID #:	Date of Birth: ____ (month) / ____ (day) / ____ (year)		
Last Name (surname):	First Name (given):		
Personal Email:	U.S. Phone number:		
Physical Address in MN: (Please verify your address here and type exactly as you see it on the website)			
Street Address:	Apt/Suite/Other:		
City:	State:	ZIP Code:	

Academic Information

Level of Study:	(Undergraduate/Bachelors)	(Graduate/Masters)
Major of Study:	CIP Code:	

Employer Information

Employer Name:			
Employer EIN:	Job Title:		
STEM Extension Start Date:	STEM Extension End Date:	Full-Time	Part-Time
Employer Address: (Please verify your address here and type exactly as you see it on the website)			
Street Address:	Apt/Suite/Other:		
City:	State:	ZIP Code:	

Supervisor Information

Last Name:	First Name:
Telephone Number:	Email Address:

Student Signature

By signing below, I verify my eligibility for the STEM Extension, that my employment is related to my course of study as listed on my I-20, and I understand that working without authorization constitutes illegal employment and will result in the termination of my F-1 status. I understand the requirement of reporting all employment to Metro State during my STEM Extension authorization.

Student Signature: _____ Date: _____