

700 East Seventh Street, Saint Paul, MN 55106-5000 651.793.1579 | international.studentservices@metrostate.edu metrostate.edu | A member of Minnesota State

INTERNATIONAL STUDENT SERVICES

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 Informa	ation		
Metro State ID #:		Date of Birth:	(mm/dd/yyyy)
Last Name (surname):		First Name (given):	
Metro State Emai	l:		
Personal Email:		U.S. Phone number:	
Physical Address	in MN (Please verify your address o	on the <u>USPS website</u> and typ	be exactly as it appears)
Street Address:		Apt/Suite/Other:	
City:	State:	Zip Code:	
Academic Inform	nation		
Level of Study:	Undergraduate/Bachelors	Graduate/Masters	
Major of Study:			
Employer Inform	ation		
Employer Name:_			
Employer EIN:		Job Title:	
STEM Extension Start Date:		STEM Extension End Date:	
Start Date:	End Date:	Full-Time	Part-Time
Employer Addres	s (Please verify the address on the <u>l</u>	USPS website and type exac	tly as it appears)
Street Address:		Apt/Suite/Other:	
City:	State:	Zip Code:	
Supervisor Inforr	nation		
Last Name:		First Name:	
Telephone Number:		Email Address:	
Student Signatu	re		

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:
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Date:

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