

## International Students 17-month OPT STEM Extension Request

Name (Last, First, Middle)		Austin College ID			
Date of Birth (M	M/DD/YYYY)	Current Email		Current Phone	
Select the type OPT STEM	of OPT Extension: I-20	OPT STEM I-20 reprin	ıt		
Current Emp	loyer Information	on			
Name of Emplo	yer				
Employer Mailing Address (Street, City, State, Zip)					
Employment Start Date			Employmer	nt End Date	
•				cally populate the start date to start the d discuss with the DSO in the Registrar's	a
Are you in the la	ast 120 days of you	r current OPT?	Have you eve	r had a 17-month STEM extension?	
Yes	No		Yes	No	
Attach the follow	ving documents to	this form: Complete I-76	65 Form from U	SCIS and Current EAD card	
•		Extension Request to t ness days to notify you	•	n email will be sent to the email address 0.	
1) in person Mo 2) by email to re than 5 MB. Do r	nday - Friday 8:30 egistrar@austincolle not send files in con	npressed formats, such	gistrar's Office a total size of the as .rar or .zip. l	at Austin College, attachments in one email are not larger nstead use PDF, JPEG, or DOC format. ue, Suite 6R, Sherman, TX 75090.	
Signature				Date	