

International Students Request for an I-20 for H-1B CapGap Extension

Name (Last, First, Middle)		Austin College ID #	#
Date of Birth (MM/DD/YY)	ſΥ	Phone	
Are you currently in a valid	d period of Optional Practical Trainin	ng or in your 60 day grace period?	
Yes No			
Have you applied for an H	-1B that is subject to the Cap?		
Yes No			
Has you H-1B application been:			
Filed (your application has been mailed to USCIS).			
Waitlisted (your emplo waiting list for available		on from USCIS that you application i	is on the
Receipted (your employer/attorney has received a USCIS receipt).			
Approved (your emplo application has been a		otification from USCIS that your H-1	В
Statement of Understanding			
 I understand that my F-1 filed, waitlisted, receipted I understand that if my H of withdrawal or denial and I understand that in orde more than an aggregate o I understand that during mailing address, employed 	status and work authorization will a or approved1B application is withdrawn or deni d my grace period ends 60 days after r to maintain F-1 status during my H f 90 days. my H-1B Cap-Gap Extension I must r name, employer address, and/or lo	eligible for the H-1B Cap-Gap Extension automatically be extended if my H-1 lied my OPT authorization ends 10 cer the date of the withdrawal or dening H-1B Cap-Gap Extension I must not st report any change of legal name, ross of employment to the AC Regist do not travel outside the United Sta	B application is days after the date ial. be unemployed for residential or rar's Office.
Signature		Date	