



# INTERNATIONAL TECHNOLOGICAL UNIVERSITY

## Optical Practical Training (OPT) Stem Extension Request Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Major: \_\_\_\_\_  OPT STEM-Extension

1. Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

2. E-verify: \_\_\_\_\_

**In making this request I understand and agree to abide by all requirement, including**

I will **report all changes** in my US or overseas address to ITU within 10 days of change

I will provide ITU with a **copy of my EAD** upon receipt, report within 90 days

I will **report** the name & address of my employer to ITU within 10 days of starting work

I will **report** all periods of unemployment to ITU within 10 days

I will **submit** the OPT report to ITU every six months to confirm name and address, employer name and address, and continuation of employment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PLEASE CHECK ONE:**

Pick-up

Mail Out \_\_\_\_\_

355 W. San Fernando Street, San Jose, CA 95113

[www.ITU.edu](http://www.ITU.edu)