

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: _____ (mm/dd/yyyy)
Last Name (surname): _____ First Name (given): _____
Metro State Email: _____
Personal Email: _____ U.S. Phone number: _____
Physical Address in MN (Please verify your address on the [USPS website](#) and type exactly as it appears)
Street Address: _____ Apt/Suite/Other: _____
City: _____ State: _____ Zip Code: _____

Academic Information

Level of Study: *Undergraduate/Bachelors* *Graduate/Masters*
Major of Study: _____

Employer Information

Employer Name: _____
Employer EIN: _____ Job Title: _____
STEM Extension Start Date: _____ STEM Extension End Date: _____
Start Date: _____ End Date: _____ Full-Time Part-Time
Employer Address (Please verify the address on the [USPS website](#) and type exactly as it appears)
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:** _____