

Please complete this form if you are requesting a STEM Extension Based on a Prior STEM Degree

INFORMATION ABOUT YOU **Last Name:** First Name: **University ID#** Telephone # **SEVIS ID: N Preferred Email:** INFORMATION ABOUT THE INSTITUTION WHERE YOUR STEM DEGREE WAS AWARDED: School Name: **Degree Level:** Bachelor's Master's **Doctorate** Major: CIP Code: (see I-20 from previous school) I am also submitting the OPT STEM Extension I-20 Request Form and completed Training Plan (Form I-983).

After typing your responses above, please save this completed form to your desktop and include it with the **OPT STEM EXTENSION REQUEST FORM and Form I-983.** You may submit these documents to ISS by mail, in person at our front desk, or scan and email them to **optstem@rit.edu**. An ISS staff member will contact you regarding your OPT STEM I-20.