



STEM Optional Practical Training Request Form

Student Information

Family Name	Given Name
Samford ID	Major
SEVIS Number	End Date of Current OPT on I-20
Non-Samford Email	Telephone
Have you engaged in OPT in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? From (m/d/yr) _____ To (m/d/yr) _____	
If you have engaged in OPT, on which degree level? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	
Will you work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Requested STEM OPT Start Date (m/d/yr)	Requested STEM OPT End Date (m/d/yr)

Student Agreement

I, _____ (*print name*), have read and understand the regulations regarding the STEM OPT extension: [81 Fed. Reg. 13039 \(March 11, 2016\)](#), and <https://studyinthestates.dhs.gov/stem-opt-hub>.

I understand that while I am on the STEM OPT extension I am still in F-1 status. It is my responsibility to maintain my F-1 status and adhere to the regulations regarding F-1 status and STEM OPT. I agree to follow the requirements related to Form I-983, including but not limited to: 1) a formal training plan, 2) annual self-evaluations, 3) reporting any material changes, and 4) termination of employment.

I will send the GEO a photocopy of my new EAD card by either email (geo@samford.edu) as soon as I receive it.

I understand that if my STEM OPT extension is denied, my employment end date will be the date on my current EAD card or the date on my notice of denial, whichever is later.

Signature: _____

Date: _____