



**LILLIAN AND EMANUEL SLUTZKER**  
**CENTER FOR INTERNATIONAL SERVICES**  
 DIVISION OF STUDENT AFFAIRS  
 310 Walnut Place | Syracuse, New York 13244-2380  
 TEL: 315-443-2457 | FAX: 315-443-3091  
 EMAIL: [lescis@syr.edu](mailto:lescis@syr.edu)

<h1 style="margin: 0;">STEM EXTENSION DATA SHEET</h1>
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**Biographical Information**

1. Today's Date (mm/dd/yyyy):		2. Full Name as noted on passport :	
		<i>Last</i>	<i>First</i>
		<i>Middle</i>	
3. SU ID:		4. SEVIS #:	N
		5. Country of Citizenship:	

**Contact Information**

6. Current Phone:		7. Current E-mail Address:	
8. U.S. Address:			<input type="checkbox"/> Residential <input type="checkbox"/> Mailing
9. For I-20 Mailing: U.S. Mailing Address (if different than above):			
10: Mailing Preference:	<input type="checkbox"/> Standard Mail <input type="checkbox"/> Courier Service—must arrange and pay for services here.		

**Academic Program of Study**

11. Degree Level:	Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/>	Ph.D. <input type="checkbox"/>	
12. Academic Major(s):	13. CIP code (under Major I on your I-20):			

**Optional Practical Training Information**

14. Current EAD End Date (mm/dd/yyyy):		15. How many days of unemployment have you accrued during your initial OPT EAD authorization period?	
16. Have you maintained valid F-1 status while on OPT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have reported all changes of name, address, employers, and interruptions of employment to the Slutzker Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**GH9A Employer Information**

19. Company Name: <small>E-verified</small>	20. Company Address: <small>including zip code</small>
21: Supervisor's Name:	22: Supervisor's phone # and email:
23: Your Job Title:	24. Is your employer registered with E-Verify? <input type="checkbox"/> Yes <input type="checkbox"/> No
25: I attest that I understand the criteria for maintaining F-1 status while engaging in OPT and that the information I provided above and the documentation I submitted with my STEM Extension Request is true and valid.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	Date

**(SCIS Advisor Use ONLY)**

**STEM OPT Extension Document Review**

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|--|--|
| <input type="checkbox"/> Copy of I-765<br><input type="checkbox"/> Copy of current EAD card and any previously issued EAD cards<br><input type="checkbox"/> Copies: passport, visa, I-94 (front & back), health insurance<br><input type="checkbox"/> STEM Student Responsibility Checklist<br><input type="checkbox"/> Copy of transcript or diploma<br><input type="checkbox"/> Completed Form I-983 | <input type="checkbox"/> Mailing information (and payment details if applicable)<br><input type="checkbox"/> Maintained F-1 Status<br><input type="checkbox"/> Reported Changes in Address, Name, Email, & Employment<br><input type="checkbox"/> Did not accrue more than 90 days of unemployment<br><input type="checkbox"/> Qualifying CIP Code and STEM degree program<br><input type="checkbox"/> Employer's E-Verify Number on I-765 |
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**Notes**

Advisor's Initials:	Date Received:	Date Mailed:	STEM Dates:
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