24-MONTH STEM OPTIONAL PRACTICAL TRAINING (OPT) EXTENSION

F-1 students with degrees in STEM fields (science, technology, engineering, and mathematics) may apply for a 24-month extension of their current post-completion OPT status based on several requirements. The 24-month STEM OPT extension may not be divided and may be used twice in non-consecutive periods. Go to STEM OPT Hub for more information.

Eligibility

✓ Applicant must currently be in a 12-month period of post-completion OPT.
✓ Applicant has completed a degree in a current STEM eligible field from a current U.S. accredited institution with SEVP certification within the 10 years before the STEM OPT application date and has not already utilized this degree to apply for an STEM OPT extension.
✓ Student must have at least 20 hours per week paid employment at a job in the U.S. directly related to their STEM degree.
✓ The employer must be enrolled in USCIS’s E-Verify employment eligibility verification program.
✓ The employer must provide the student with formal training and learning objectives.

When to Apply

✓ Students may apply for an extension up to 90 days before the end date of the current 12-month OPT.
✓ The application must be received by USCIS before the end of your 12-month OPT.

Continuing Employment

✓ Students who file in a timely manner will have their post-completion OPT automatically extended while the STEM OPT application is pending until a final decision on the STEM OPT request is processed or for 180 days, whichever is first.
  o Your Receipt Notice is proof of the timely filing.

Important Information

✓ Students may not accrue more than 90 days of unemployment from the start date on their 12-month EAD card during their 12-month post-completion OPT or up to 150 days with a STEM OPT extension.
✓ Although it is possible to change employers and/or have multiple employers during the STEM OPT extension period, all employers must be enrolled in E-Verify.
  ♦ All employment must be paid and at least 20 hours per week.
✓ If a student changes employers during the STEM OPT extension period, they must submit a new Form I-983 (Training Plan for STEM OPT Students) within 10 days of leaving the previous employer. If the time between employers is longer than 10 days, the student must report the loss of employment to the OISS advisor and submit the I-983 later.
✓ International students are exempt from paying Social Security and Medicare taxes for the first 5 calendar years (including OPT) they hold F-1 status but are required to pay all federal and state taxes.
✓ F-1 students cannot qualify for STEM OPT extensions unless they will be bona fide employees of the employer signing the Form I-983 because F-1 students may not provide employer attestations on their own behalf.
Travel: We advise that you do not travel if your STEM OPT is pending and your 12-month OPT has ended. To return to the U.S. during STEM OPT, you’ll need the following documents:

- STEM OPT I-20 signed for travel (valid for 6 months) on the 2nd page;
  - If you cannot come to OISS for the signature, complete the Student I-20/DS-2019 Request Form to request a new I-20 with a travel signature;
- Valid visa (it is possible to renew a visa after STEM OPT approval but difficult with a pending application);
- Passport valid for at least 6 months from the date you re-enter;
- If your STEM OPT has not been approved - Form I-797C (Receipt Notice);
  - If your STEM OPT is approved while you are out of the country, you will need to have your EAD card and an employment letter or contract in order to return;
- If your STEM OPT has been approved – STEM OPT EAD card and employment letter or contract;
- Please note: re-entry after travel out of the country is never guaranteed. If your application is denied while you are out of the country, it may not be possible for you to return on the F-1 visa or to resume STEM OPT.

Reporting requirements:

- Employers are responsible for reporting the termination or departure of the student to the OISS within 5 business days after the student leaves employment. Employers must consider a worker to have departed when the employer knows the student has left employment or if the student has not reported to work for a period of 5 consecutive business days without the employer’s consent, whichever date is earlier
- With any employer changes and EVERY 6 months starting from the date the STEM OPT extension starts and ending when the student’s F-1 status ends or the STEM OPT extension ends, whichever is first, students must send OISS the 24-Month STEM OPT Extension Employer Update/Validation Report. Any employment additions or losses must be reported within 10 days of the change.
- Students must complete the “Evaluation on Student Progress” portion of the Form I-983 within 12 months of the listed STEM OPT start date. At the end of the STEM OPT extension or if employers change, the student must complete the “Final Evaluation on Student Progress” assessment. Once the evaluations are complete, the student must collect signatures from their employer and submit the form to the OISS advisor.
- Both the student and employer are obligated to report to the OISS advisor any material changes to, or material deviations from, the student's formal training plan.
- You may view your reporting and self-evaluation requirements in the SEVP Portal.
- You are required to report your mailing and/or physical address(es) updates within 10 days of the change. You may use the SEVP Portal to update these changes.
- Go to Students: STEM OPT Reporting Requirements for detailed STEM OPT reporting requirements.

How to Apply for A 24-month STEM OPT Extension

- Make sure your employment information is current in the SEVP Portal.
- If you can come to the OISS: schedule an appointment with an OISS advisor. Please bring items 1-3 in the checklist items and the items listed in section B to the appointment.
  - Email the OISS advisor the completed I-983 and I-765 to review before coming in for your appointment.
- If you cannot come to the OISS: submit the checklist items below to an OISS advisor by fax or email, specify the OISS advisor the fax is being sent to. DO NOT SEND YOUR SOCIAL SECURITY NUMBER ON ANY OF THE DOCUMENTS. Allow 5 business days for the I-20 to be issued once all the required documents are received then follow the directions in section B below.
**Checklist – Failure to read and follow form instructions will cause delays in processing your STEM OPT request.**

   - We recommend you type your responses on the form to avoid any handwriting confusion. If you cannot type any responses, you may handwrite them in black ink.
   - Go to the sample I-765 below (page 5) for help completing the I-765.
     - You should be able to receive mail at the mailing address you enter on the I-765 for up to 6 months after USCIS receives your application. If you change your address while your application is pending, you will have to update it directly with USCIS. We advise against this because the address change might cause problems with receiving mail from USCIS.
   - Section 1:
     - The SEVIS School Code is in the “School Information” on your most recent I-20.
     - Enter the DSO’s (OISS advisor) full contact information as the instructions state: name, address, phone, email.
     - The STEM OPT requested date should start on the date after your current 12-month OPT ends and end 2 years later.
     - Major and CIP Code: Enter the major as shown on your diploma or transcript and CIP code as found on your I-20.
     - Enter the qualifying degree level only i.e., Doctorate, Master’s, Bachelor’s.
     - “Based on Prior Degree” – Check “Yes” if your STEM OPT participation is based on a previously-obtained STEM degree, and is not the same degree your current 12-month OPT is based on.
     - Enter the USCIS # on the EAD card for the “Employment Authorization Number”.
   - Section 3:
     - Enter the date your STEM OPT training period will start for “Start Date of Employment”.
     - The self-evaluations are not to be completed until within 12 months after the listed STEM OPT start date and at the end of the STEM OPT extension with that employer or when you change your status.
     - Submit the blank pages.
   - Copy of your current EAD card (front and back).
   - If you do not live in the area: [Shipping Request Form](https://www.uscis.gov/i-765) OR [Authorization to Release Information](https://www.uscis.gov/i-765).

A. The OISS advisor will review your request and recommend the extension in SEVIS if all requirements are completed. You will receive a new I-20 with the OPT extension recommendation on page 2. If you cannot come to the OISS, the OISS advisor will use the instructions on the Shipping Request Form or the Authorization to Release Information form to get you your I-20.

   - Please allow up to 5 business days to process your request.

B. Where you currently live, as listed on Form I-765, determines where you file. Read the “Where to File” section at [http://www.uscis.gov/i-765](http://www.uscis.gov/i-765) and send the following documents in the order below to the appropriate address (Form I-983 is for OISS and not to be sent to USCIS):

   - We advise that you request tracking information for your mailing.

   - Optional: Students may attach [Form G-1145 (E-Notification of Application/Petition Acceptance)](https://www.uscis.gov/i-765) as the 1st page of the application packet to request an e-Notification of the receipt of the application at the USCIS Lockbox facility. There is no filing fee for this service.
Money order, personal check, cashier's check, or credit card using Form G-1450, Authorization for Credit Card Transactions in U.S. currency for the filing fee payment of $410.00 (four hundred and ten). *Filing fee subject to change. Check Instructions for Form I-765 for the fee.

- Make checks and money orders payable to the U.S. Department of Homeland Security with “STEM OPT filing fee” in the memo line.
- Make sure to sign Form G-1450 if you use it.

2 identical passport photos (2” x 2”) taken within 30 days of filing your application with your name and I-94 number lightly written on the back of the photos in a small envelope; Go to Passport Photos for specifications.

Original Form I-765 completed and signed.

Copy of the 1st and 2nd pages of your new 24-month STEM OPT I-20 signed by the OISS advisor and you.

- If I-20s are issued for dependents, do not send copies or originals to USCIS.

Copies of:
- the bio page of your current passport (include extension page if applicable),
- current visa, and
- I-94 - go to I-94 Retrieval to print an electronic I-94.

Copy of the 1st and 2nd pages of your 12-month OPT I-20.

Copy of your current EAD card (front and back).

Copy of the proof of your STEM degree and major (official or unofficial transcripts or diploma).

If the STEM OPT extension is not based on your current 12-month post-completion OPT, include a copy of the 1st and 2nd pages (or 1st and 3rd pages for I-20s issued before July 2015) of the I-20 for the STEM degree.

- If the I-20 is not available, request a letter or a screenshot of your SEVIS record from the previous school.

If you previously had a STEM OPT extension, include a copy of the 1st and 2nd pages (or 1st and 3rd pages for I-20s issued before July 2015) of that I-20 and front and back of the EAD card.

The Application Packet must be received by USCIS within 60 days of the I-20 issue date listed on the 1st page of your I-20 or your application will be denied

Note:

- In 2 to 4 weeks you will get your Form I-797C, Notice of Action (Receipt Notice) with a Receipt Number confirming that USCIS has received your OPT application. This does not indicate STEM OPT approval.
  - If you included Form G-1145 with your application packet, you will get an email and/or text message notification with your receipt number within 24 hours of USCIS accepting your application – you will still get a receipt notice in the mail.
- Go to www.uscis.gov to check the status of your application under “Check Case Status”.
  - You may sign up for an account to receive email updates on your case.
- You should receive your EAD card within 90 days of the received date on the Receipt Notice if your application is approved.
  - If your application is pending for more than 75 days from the received date, please contact an OISS advisor.

If you receive a request for evidence (RFE) or request for information (RFI) from USCIS, immediately contact an OISS advisor before responding.
## Application For Employment Authorization
### Department of Homeland Security
#### U.S. Citizenship and Immigration Services

**Form I-765**

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<th>For USCIS Use Only</th>
<th>Fee Stamp</th>
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**To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).**

- Select this box if Form G-28 is attached.
- Attorney or Accredited Representative USCIS Online Account Number (if any)

### START HERE - Type or print in black ink.

#### Part 1. Reason for Applying

**I am applying for (select only one box):**

1.a. **☑ Initial permission to accept employment.**
1.b. **☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.**
   
   **NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error in the What is the Filing Fee** section of the Form I-765 Instructions for further details.
1.c. **☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)**

#### Part 2. Information About You

**Your Full Legal Name**

1.a. **Family Name (Last Name)**
1.b. **Given Name (First Name)**
1.c. **Middle Name**

**Other Names Used**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

**Additional Information**

2.a. **Family Name (Last Name)**
2.b. **Given Name (First Name)**
2.c. **Middle Name**
3.a. **Family Name (Last Name)**
3.b. **Given Name (First Name)**
3.c. **Middle Name**
4.a. **Family Name (Last Name)**
4.b. **Given Name (First Name)**
4.c. **Middle Name**
Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
   N/A

5.b. Street Number and Name
   123 Street Number

5.c. ☒ Apt. ☐ Ste. ☐ Flr. 1A

5.d. City or Town
   Reno

5.e. State ☐ NV ☑ 5.f. ZIP Code 89557

6. Is your current mailing address the same as your physical address?
   ☒ Yes ☐ No

NOTE: If you answered “No” to Item Number 6, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name
   N/A


7.c. City or Town

7.d. State ☑ 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)
   ☐ N/A

10. Gender
    ☐ Male ☒ Female

11. Marital Status
    ☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
    ☒ Yes ☐ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
    ☒ Yes ☐ No

NOTE: If you answered “No” to Item Number 13.a., skip to Item Number 14. If you answered “Yes” to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to Item Number 15, Consent for Disclosure, to receive a card.)
   ☐ Yes ☒ No

NOTE: If you answered “No” to Item Number 14, skip to Part 2, Item Number 18a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
    ☒ Yes ☐ No

NOTE: If you answered “Yes” to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father’s Name

Provide your father’s birth name.

16.a. Family Name (Last Name)
   N/A

16.b. Given Name (First Name)
   N/A

Mother’s Name

Provide your mother’s birth name.

17.a. Family Name (Last Name)
   N/A

17.b. Given Name (First Name)
   N/A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country
   China

18.b. Country
   N/A
### Part 2. Information About You (continued)

#### Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Beijing

19.b. State/Province of Birth

Hebei

19.c. Country of Birth

China

20. Date of Birth (mm/dd/yyyy)

01/20/1996

#### Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 0 |

21.b. Passport Number of Your Most Recently Issued Passport

E12345678

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

China

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

08/22/2022

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

08/16/2018

23. Place of Your Last Arrival Into the United States

Los Angeles, CA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1 Student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-1 Student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

N-0012345678

### Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28a - 28c.

28.a. Degree

Master's Biology

28.b. Employer's Name as Listed in E-Verify

University of Nevada, Reno

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

0000000 Not the same as the employer's EIN

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

N/A

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

Leave Blank □ Yes □ No

Note: If you answered “Yes” to Item Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about proving court dispositions.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

N/A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

Leave Blank □ Yes □ No

Note: If you answered “Yes” to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8 - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.
Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. X I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. □ The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in

a language in which I am fluent, and I understood everything.

2. □ At my request, the preparer named in Part 5, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

7751234567

4. Applicant's Mobile Telephone Number (if any)

7751234567

5. Applicant's Email Address (if any)

student@nevada.unr.edu

6. □ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

[Float your signature inside the box]

7.b. Date of Signature (mm/dd/yyyy) 09/20/2018

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A
Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address
3.a. Street Number and Name N/A
3.c. City or Town 
3.d. State  3.e. ZIP Code 
3.f. Province 
3.g. Postal Code 
3.h. Country 

Interpreter's Contact Information
4. Interpreter's Daytime Telephone Number N/A
5. Interpreter's Mobile Telephone Number (if any) 
6. Interpreter's Email Address (if any) 

Interpreter's Certification
I certify, under penalty of perjury, that:
I am fluent in English and □ N/A, which is the same language specified in Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature
7.a. Interpreter's Signature N/A
7.b. Date of Signature (mm/dd/yyyy) N/A

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name
1.a. Preparer's Family Name (Last Name) N/A
1.b. Preparer's Given Name (First Name) N/A
2. Preparer's Business or Organization Name (if any) N/A

Preparer's Mailing Address
3.a. Street Number and Name N/A
3.c. City or Town 
3.d. State  3.e. ZIP Code 
3.f. Province 
3.g. Postal Code 
3.h. Country 

Preparer's Contact Information
4. Preparer's Daytime Telephone Number N/A
5. Preparer's Mobile Telephone Number (if any) 
6. Preparer's Email Address (if any)
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

**Preparer's Statement**   Leave Blank

7.a.  □ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b.  □ I am an attorney or accredited representative and my representation of the applicant in this case  □ extends □ does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited proxy, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

N/A

8.b. Date of Signature (mm/dd/yyyy)

N/A
**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

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<tr>
<th>1.a.</th>
<th>Family Name (Last Name)</th>
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<td>1.c.</td>
<td>Middle Name</td>
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<td>2.</td>
<td>A-Number (if any)</td>
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<tr>
<th>3.d.</th>
<th>Enter previous SEVIS IDs as:</th>
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<td>N0000000003, Associate's, 01/05/1999 to 05/25/2010</td>
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<tr>
<td>N0000000012, Bachelor's, 08/12/2011 to 05/20/2015</td>
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Replace x with numbers as listed in instructions to the right

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<th>4.d.</th>
<th>N0012345678, CPT, Master's, PT, That</th>
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<tr>
<td>Employer, 02/01/2017 to 05/01/2017</td>
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Complete this page if:

- You needed more space for any of the items in Parts 2 to 5
- You have used a different SEVIS ID in F-1 status in the U.S. (for example, you attended school for a while, left the U.S. to take a break from school, and returned with a new I-20, you would have a SEVIS ID from your first period of attendance that is different than your current SEVIS ID)
  - Page Number 3, Part Number 2, Item Number 26
  - List all previous SEVIS IDs used, include the education level, and start and end dates (MM/DD/YYYY to MM/DD/YYYY) for each SEVIS ID
- You have been approved for CPT or OPT in the past
  - CPT: Page Number 3, Part Number 2, Item Number 27
  - Enter the SEVIS ID, CPT, PT/FT, Education Level, Employer Name, Start and End Dates (MM/DD/YYYY format)
  - OPT: Page Number 2, Part Number 2, Item Number 12
  - Enter the SEVIS ID, pre- or post-completion OPT, Education Level, PT/FT, Denied/Granted Start and End Dates (MM/DD/YYYY format)
    - If Granted, enter Employer Name