

Part I. Student Information
1. Student's Name:
2. KID No.:
3. Phone:
4. Email:
5. SEVIS ID No.: N00
6. Degree:
7. Department/College:
8. Last Date you Attended Classes:
9. Present Address:
Part II. Your Request (as required by SEVIS)
10. Reason for your Request (choose one):
<input type="checkbox"/> Travel. Attach a copy of your airplane booking information.
<input type="checkbox"/> Employer requested/H-1B processing.
<input type="checkbox"/> Cap-Gap Extension. You must also submit the following documents:
<ul style="list-style-type: none"> • A copy of receipt of Cap-Gap Extension Processing Fee; • A copy of Form I-797 Notice of Receipt, if your H-1B petition is still pending or Notice of Approval, if your H-1B petition has been approved; • A copy of your current EAD card.
<input type="checkbox"/> Lost, Stolen or Damaged Please include a copy of receipt of Document Replacement Processing Fee .
Part III. Employment Information
11. Full Name of Current Employer (company):
12. Address of the Employer:
13. Job Title:
14. Date Employment Began:
15. This is a <input type="checkbox"/> part-time or <input type="checkbox"/> full-time employment. If it is a part-time job, how many hours per week do you work?
16. How is your current employment related to your field of study? _____
17. Full Name of Former employer (if applicable):
18. Address of Former Employer:
19. Job Title:
20. Date Employment Began:
21. Date Employment Ended:
Note:
<ol style="list-style-type: none"> 1) You must submit a new Form I-983, Training Plan for STEM OPT students for each new employer while on STEM OPT. 2) A final evaluation must be submitted at the end of your STEM OPT.
Part IV. Mailing Instruction

22. Mailing Instruction (check only one)
<input type="checkbox"/> I authorize _____ (name of the person) to pick up the documents from OISSS (photo ID required at time of pick-up).
<input type="checkbox"/> I have completed Form OISSS-01 , Express Mail Instruction (attach a copy of the receipt), please send it via express mail.
<input type="checkbox"/> Please send a copy of my form I-20 via email address at _____
Part V. Signature
23. Signature:
24. Date of Signature: