CALIFORNIA STATE UNIVERSITY
LONG BEACH

24-MONTH STEM OPT EXTENSION (STEM OPT)
STEM OPT I-20 REQUEST FORM

Instructions: Complete this form to request the 24– Month STEM OPT extension I-20. Complete Sections 1 and 2, then submit this form online.

SECTION 1- Student and program Information. To be completed by the student requesting the STEM OPT I-20

Student's Last Name:	First Name:
Beach ID Number:	Expiration Date on current EAD card:
Current Address:	City, State, Zip Code:
Alternative Email Address:	Phone Number:
Is this application base in a prior STEM degree? Yes No	Qualifying Degree Level: ❑ BA ❑ BS ❑ MA ❑ MS ❑ PhD
Qualifying STEM degree:	Qualifying STEM MAJOR CIP Code:
Date when Qualifying STEM degree was awarded:	Name of School where STEM degree was awarded :

SECTION 2- Current Employer Information. To be completed by the student requesting the STEM OPT I-20

Name of the company/employer:	
Employer's Identification Number (EIN#):	**E-verify number:**
Your Job Title: Start Date:	Hrs. Per week you worked:
Supervisor's Name: Phone #: Email:	
Explain how your work relates to your STEM designated major program of study. Use complete sentences.	

SECTION 3- STEM OPT I-20 Eligibility Review. To be completed by the ISS Advisor.

❑ I-20 requested within 90 days from OPT end date. ❑ Update contact information and email address. ❑ Update OPT employment history in SEVIS. ❑ Confirm student has a Valid Passport.	❑ Confirm degree is DHS STEM Designated. ❑ School issuing STEM degree is accredited and SEVP certified ❑ Confirm that the employer is E-Verified. ❑ Form I-983– Training Plan is complete and signed.

The student's request is: ❑ Accepted   ❑ Rejected   ❑Pending _____
Advisor name: _____Decision Date:_____