F-1 OPT STEMEXTENSION FORM

Name (first and last):_____

Address including state and ZIP code:

_____

_____

Email (not WIU email address): _____

Phone number: _____

Employer: _____

Employer's address (please list the site where you will physically be working):

_____

_____

Are you being paid a wage/salary?   _____ Yes _____ No

Does your employer participate in the E-verify program?   _____ Yes   _____No*

E-verify number (4-7 characters): _____

*If your employer does not participate in E-   verfiy, you are not eligible to apply for OPT
Extension.

Employment Identification Number (EIN) (9 digits): _____

Job title: _____

Supervisor's first and last name: _____

Supervisor's phone number: _____

Supervisor's work email: _____

Please provide information on how th   is job relates to your coursework:

_____

_____

_____

I understand all of the criteria for the 24-month STEM Extension   L Q F O X G L Q J W K H U H S R U W
 U H T X L U H P H Q W V.

_____   _____

Printed name   Date