



University of  
Massachusetts  
Medical School

Department of Human Resources  
University of Massachusetts Medical School  
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**Immigration Services Office**

**PROCEDURES FOR REQUESTING A 17-MONTH OPT STEM EXTENSION**

*F-1 students who graduated in STEM (Science, Technology, Engineering & Technology) fields are eligible for this extension. Please contact Kate Amaral at the ISO ([kate.amaral@umassmed.edu](mailto:kate.amaral@umassmed.edu)) to schedule an appointment for the application process.*

1. **Verify that your employer is enrolled in E-Verify.**
2. You and your employer must complete the **“Employment Verification Form for 17-Month OPT STEM Extension”** on page 2 of this handout. Bring or send the original signed form to Kate Amaral at the ISO along with the following documents:
  - a. **2 passport-sized photos** (with your Name and Date of Birth written on back) - Photos must be less than 30 days old at time of application.
  - b. **Check or Money Order for \$380** (Three-Hundred-Eighty and 00/100) made payable to the “U.S. Department of Homeland Security”
  - c. **Original Completed and signed I-765 Form** (see completion hints below)
  - d. **Copy of all previously issued EAD card(s)** (front and back)
  - e. **Photocopy of your Diploma** from UMMS
  - f. **Copy of I-94 record** small white card (front and back) or electronic I-94 record
  - g. **Copy of valid passport** (don’t forget the extension page if applicable)
  - h. **Copy of F-1 visa stamp** (or change of status approval notification if applicable)
  - i. **Copy of all previously issued Forms I-20s** (all pages)
3. At your appointment, ISO will determine your eligibility to file for an extension of your OPT. If eligible, ISO will issue a new Form I-20 with OPT extension recommendation.
4. If your appointment is by phone, ISO will send you your new I-20 by UPS. Please provide a mailing address and phone number for the mailing if different from the physical address on page 2. Once you receive the I-20, please sign the bottom of page one and scan the I-20 to ISO. ISO will send you a completed electronic copy of your application packet before mailing to USCIS.
5. **Your application must be submitted to USCIS within 90 days of the expiration of your current OPT, but cannot be submitted after your current OPT has expired.** The application also must be submitted to USCIS within 30 days of issuance of the new OPT STEM I-20.
6. ISO will notify you when your Receipt Notice and new EAD card are received in our office. Your receipt notice will allow you to continue working for 120 days beyond the current expiration date of your OPT while the STEM OPT application is pending. Please provide the receipt notice to your employer.

**COMPLETING THE I-765 (hints)**

*This application should be completed online and then printed (with an original signature in **blue** ink)*

**I am applying for:** check “Renewal of my permission to accept employment”

**Line 1:** Family name should be all CAPS. Do not type in all caps on the rest of the application.

**Line 3:** Please use the following address for ISO: 333 South Street, HRDI 2<sup>nd</sup> Floor  
Shrewsbury, MA 01545

**Line 10:** This is your I-94 (Departure Record) number – the white card in your passport or electronic record. Be sure to include all 11 digits. Also include the USCIS # listed on your current EAD (OPT) Card.

**Line 11:** Check “Yes” as you have applied for OPT before. Include the Service Center where your application was filed (If your current EAD card number begins with “EAC” then you filed at the Vermont Service Center), the dates for which your work permission is currently authorized, and “granted” under “results” Also include any previous periods of OPT. Do not include CPT or on-campus employment.

**Line 12 and 13:** This information is found on your I-94 record or arrival stamp in your passport. If you’re unsure, ISO can help to verify that information.

**Line 14:** Write “F-1 Student” unless you held a different visa status the last time you entered the U.S.

**Line 15:** Write “F-1 Student”

**Line 16:** The code is (c) (3) (C) for the 17-month STEM OPT extension. Enter your degree in the line below. Enter your employer’s information exactly how it appears on the ISO “Employer Verification Form” on page 2 of this handout.

**\*\*** You need to sign and date your OPT application and provide a telephone number in the Certification section.

**Employment Verification Form for 17-Month OPT STEM Extension**

Students who graduated in STEM (Science, Technology, Engineering & Technology) Fields are eligible for this extension.

**TO BE COMPLETED BY THE UMMS ALUMNI:**

UMMS Alumni's Name: \_\_\_\_\_

Non-UMMS Email Address: \_\_\_\_\_

Current Physical U.S. Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

EAD (OPT) Card #: \_\_\_\_\_ USCIS # \_\_\_\_\_

Dates of validity on current EAD (OPT) Card \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

UMMS Program Completion Date: \_\_\_\_\_  
Month / Day / Year

Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYER (for whom you are seeking the 17-Month OPT STEM Extension):**

*To the Employer: Your signature on this form enables the Immigration Services Office at the University of Massachusetts Medical School (UMMS) to certify to the U.S. Department of Homeland Security that the above mentioned UMMS alumni is or will be employed at your institution/organization and that your institution/organization is enrolled in the DHS E-Verify system. This information is required for the above mentioned student to apply for a 17-month extension of his/her F-1 Optional Practical Training. Please feel free to contact Kate Amaral at [kate.amaral@umassmed.edu](mailto:kate.amaral@umassmed.edu) or by phone at 508-856-3987 with any questions.*

Employer Name Exactly as Listed in E-Verify: \_\_\_\_\_

Address where employment will occur: \_\_\_\_\_  
(Employer Address)

\_\_\_\_\_

\_\_\_\_\_

Please enter one of the following two numbers:

1. Valid E-Verify Company Identification Number: \_\_\_\_\_

2. Valid E-Verify Client Company Identification Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Month / Day / Year

Name & Title of Direct Supervisor: \_\_\_\_\_

*In completing and signing this form the employer agrees to notify the UMMS Immigration Services Office within 48 hours of termination or departure of the OPT employee if the termination or departure is prior to the expiration date of the EAD card issued for OPT STEM (c)(3)(C). An employer shall consider a worker to have departed when the employer knows the OPT employee has left the employment or has not reported to work for a period of 5 consecutive business days without the consent of the employer. Employer should report OPT employee's name, SEVIS ID (if available), and termination date. Source: 8 C.F.R. § 214.2(f)(10)(ii)(C)(4)*

Name & Title of Person Completing Form: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_