

**INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAI'I AT MĀNOA**

2600 Campus Road, QLCSS 206, Honolulu, HI 96822 • Phone: (808) 956-8613 • Fax: (808) 956-5076

Website: www.hawaii.edu/issmanoa

**STEM OPT Form:**  
Est. 7 Business Days**ISS Manoa Application: 24-Month OPT Extension (STEM OPT)**

<b>Part A: Student Information</b>			
Student's Name (FAMILY NAME (in Caps) First Name):		SEVIS ID:	
Major:		Degree:	UH ID #:
UH Email:  @hawaii.edu	Alternate Email:		Phone:
Current U.S. Address:			

<b>Part B: Employment Information</b>	
Employee Job Title:	Company/Organization:
E-Verify #:	Employer Address:
Work Site Address If Different Than Above:	
<b>Supervisor Contact Information:</b>	
Supervisor's Name:	Supervisor's Title:
Supervisor's Phone:	Supervisor's Email:
<b>Employer Certification:</b> I certify that the above employment information is accurate.	
Employer's Signature:	Date of Signature (mm/dd/yy):

<b>Part C: Applicant Certification</b>	
I certify that the information in Parts A and B above is accurate. I fully understand my responsibilities for maintaining F-1 status while on a 24-month extension of OPT. I will report to ISS every six months beginning from the start date of the extension, and within ten days of any changes of my legal name, address, employer, and employment period. I will also submit my employer's two evaluations of my work (Form I-983), one after 12 and one after 24 months.	
<input type="checkbox"/> I intend to file by mail <input type="checkbox"/> I intend to file online	
STEM Applicant Signature:	Date of Signature (mm/dd/yy):

**For ISS OFFICE USE ONLY (ver 20220121):**

ISS Date Received: \_\_\_\_\_ Reviewer: \_\_\_\_\_ DSO: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Remarks: \_\_\_\_\_

 Passport   
  I-765   
  I-20   
  Old I-20s   
  Photo(s)   
  Visa   
  I-94   
  Diploma/Transcript   
  OPT EAD(s)

**File by Mail Only:**  G-1450 or Personal Check/Money Order   
  G-1145