



# ***TOURO COLLEGE***

Office of the Registrar

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## **OPT STEM EXTENSION APPLICATION REQUEST FORM**

### Student Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Local Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEVIS ID#: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Major: \_\_\_\_\_

College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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### Employment Information

Name of Employer: \_\_\_\_\_ Phone Number of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

EIN (Employer Identification Number) -9 digit number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number of Supervisor: \_\_\_\_\_

Email address of Supervisor: \_\_\_\_\_

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\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\*Please submit a current employment letter on employer's letterhead and completed I-983 Form with this application form.