



TOURO COLLEGE

Office of the Registrar

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: _____

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: _____

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.