Randolph-Macon College
Ashland, Virginia

Office of International Education
P.O. Box 5005
Ashland, VA 23005-5505
(804) 412-1574

REQUEST FOR 17 MONTHS OPT EXTENSION

The information requested is needed to comply with US Citizenship and Immigration Services (USCIS) regulations. All of the information indicated on this form is required.

Applicant Name: _____
(Please print) first name middle name family name

E-Mail:_____ Phone:_____

Alternate E-Mail address: _____

Current Address:
_____
_____
_____
_____

Permanent Address in home country:
_____
_____
_____
_____

Starting Date of OPT	Ending Date of OPT

Please provide a photocopy of your current EAD card showing your initial period of post-completion OPT with this application form. Assuming you are eligible for a 17-month extension of OPT, the start date of the extension will be the date following the end date of your current Employment Authorization Document (EAD). The end date of your 17-month extension of OPT will be 17 months from the extension start date. To be eligible for a 17- month extension of OPT you must be employed in a paid position, not an unpaid or volunteer position.

Please provide the following information about your current employment:
Your job title: _____

This is a paid position: _____yes _____no

Name of Employer: _____

Employer's e-Verify number (**REQUIRED**): _____
Address of Employer: _____
_____

_____
_____(include ZIP code)

Name of Supervisor: ( ) _____
Supervisor's Telephone Number ( ) _____

Date Degree Awarded: _____
(This information is provided on your diploma and on your University transcript)

Field of Study: _____

Randolph Macon College is now required by federal regulation to continue to maintain your SEVIS record for the full period of Optional Practical Training, including any extension.

By signing this form below, I certify that the above information is true and correct, and that I understand and will comply with the following SEVIS requirements:

- I have reported my current name, US address and e-mail address on the front of this application form.
- I will report any change to my current name or address to Randolph Macon College's Office of International Education within ten days of the change.
- I will report any changes in employment information (including periods of unemployment) to Randolph Macon College's Office of International Education within ten days of the change.
- I understand that I cannot be unemployed for more than a total of 120 days in the aggregate while on Optional Practical Training.

_____ Date_____/_____/_____
Your Signature

PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL EDUCATION IN HALEY HALL.