



## Optional Practical Training (F-1) 17-Month Extension Application Checklist

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215  
Telephone: 617/353-3565 ♦ [isso@bu.edu](mailto:isso@bu.edu) ♦ [www.bu.edu/isso](http://www.bu.edu/isso) ♦ Facsimile: 617/358-1170

Below is a checklist of the items you need to complete your Optional Practical Training 17-month extension application. A full description of eligibility for Optional Practical Training and the steps needed to complete the application process can be found at the ISSO and on the ISSO web site at the following URL:

<http://www.bu.edu/isso/students/current/f1/employment/off-campus/optional.html>

**To apply for the 17-month extension of Optional Practical Training you will need to bring the following documents to your appointment with your ISSO advisor. You must file the extension prior to the end date of your current OPT as indicated on your EAD (OPT "Card").**

- Personal Check or Money Order for **\$340.00**, payable to "**Department of Homeland Security.**"
- USCIS Form I-765, attached (a [PDF version](#) is available on the ISSO's OPT web page above or from the USCIS web site at <http://www.uscis.gov/forms>).
  - It is *strongly recommended* that you fill out the PDF version of the form, then print and sign it. If you choose to complete it by hand, print neatly in BLOCK letters using [blue ink](#).
  - Use an address in section three (3) that will be valid for at least three (3) months.
  - In section 16 write "( c ) ( 3 ) ( C )"
- Two (2) photographs. These must meet USCIS/DOS passport color photograph specifications (visit <http://travel.state.gov/passport/pptphotos/index.html>). Note: It is strongly recommend that students write their full name in pencil on the back of each photograph. The photographs should only be cut by the photo establishment. Do not cut them yourself.
- Current Employment Authorization Documents (EADs), and any previous ones.
- Current Form I-20 and *all* previous Forms I-20.
- Valid passport.
- Form I-94 Departure Card (original, not copies).
- Copy of Boston University diploma or official transcript showing completion of the degree on which your OPT is based.
- Employer E-Verify and Termination Reporting Form*, completed and signed by employer
- Optional Practical Training 17-month Extension Acknowledgement* (attached), completed and signed.



# 17-Month Optional Practical Training STEM Extension Acknowledgement

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NAME: \_\_\_\_\_ BU ID: \_\_\_\_\_

There are several important rules and procedures that must be followed after applying for a 17-month STEM extension of Optional Practical Training (OPT) employment authorization. Complying with these rules and procedures is necessary to maintain lawful F-1 immigration status. Please review carefully each item below, then sign this form to confirm that you understand and will abide by them. Your signature also confirms your requested OPT dates. The original, signed copy of this acknowledgement will be kept in your ISSO file and a copy will be given to you for your reference. Additional information on about these responsibilities can be found on the ISSO web site.

1. **Filing deadline:** I understand that my OPT application must reach the USCIS Service Center prior to the expiration date of my current OPT authorization, and no later than 30 days after my ISSO advisor signs the OPT recommendation on my new Form I-20.
2. **Eligibility requirements:** I understand that I am eligible for the 17-month OPT extension only if my major area of study is in the STEM fields and among those eligible for the extension; if my employer has registered with E-Verify; and if I have not previously been granted a 17-month extension.
3. **Submission of EAD to the ISSO:** I understand that I must bring my new 17-month extension OPT Employment Authorization Document (EAD) to the ISSO as soon as it is issued by the USCIS so that it may be copied and the approval recorded appropriately.
4. **Working in my major field of study:** I understand that any employment I accept, or another OPT activity in which I participate, must be directly related to my STEM major field of study and must be commensurate with my current level of education. I know that I should keep records that will verify this.
5. **Working only for E-Verify employers:** I understand that during this 17-month extension period I can work only for employers who are registered with E-Verify. I can have multiple employers, and/or I can change employers, but each must be registered with E-Verify.
6. **Reporting requirements:** I understand that in order to maintain my immigration status while on OPT, I must (further information on reporting is at: [www.bu.edu/isso/students/current/f1/employment/off-campus/EmployerAddressReport.html](http://www.bu.edu/isso/students/current/f1/employment/off-campus/EmployerAddressReport.html)):
  - a. Notify the ISSO of my new address within ten days if I should move residence. I can do so by updating the **Immigration-U.S.** address in the Student Link ([www.bu.edu/link](http://www.bu.edu/link)) or by sending an email to [isso@bu.edu](mailto:isso@bu.edu).
  - b. Report OPT location/employer name and address, efforts to seek employment, and interruptions in employment: I understand I am required to report the name and address of my OPT location/employer. If I stop working, I must report that there has been an "interruption in employment". I can report this information by updating the **OPT Location/Employer Address** in the Student Link ([www.bu.edu/link](http://www.bu.edu/link)).
  - c. Six-Month Validation Report: I understand that I must contact ISSO every six (6) months from the start date of my OPT extension to confirm that my name, residential address, employer information, and employment status are current and accurate. The report is due to the ISSO within 10 business days of each reporting date. I can report this information by sending an email message to the ISSO at [isso@bu.edu](mailto:isso@bu.edu).
7. **Employer responsibilities during extension period:** I understand that if my employment is terminated by me or by my employer, my employer must report to the ISSO – within 48 hours of the termination – that I am no longer working. I understand that if I am absent from work more than five (5) days without my employer's approval, my employer must also report that I am no longer working.

Continued

8. **Periods of unemployment during post-completion OPT:** I understand that I may not accrue an aggregate of more than 120 days of unemployment during the entire 29 month OPT period, including my initial post-completion OPT authorization and the subsequent 17-month extension period. I will keep thorough and accurate records of my employment and periods of unemployment.
9. **Traveling outside the U.S. [NOTE -- If your original OPT period has ended, you should not depart the U.S. until your 17-month extension has been approved and you have received your new Employment Authorization Document (EAD).]:** I understand that if I travel outside the U.S. without the following items during my 17-month extension period, I will experience difficulty when returning and could, in fact, be prohibited from re-entering the U.S.
  - a. Valid passport
  - b. F-1 visa in my passport that will be valid on the day I plan to return to the U.S. If I do not have a visa that will be valid for my return, I will obtain one at a U.S. consulate or embassy while outside the U.S.
  - c. Travel signature on my Form I-20 that is less than six (6) months old.
  - d. Extended OPT Employment Authorization Document (EAD, also known as "OPT Card")
  - e. Letter from my employer to prove that I have a job to resume when I return to the U.S., or an offer letter to show that I will begin a job upon my return to the U.S.
10. **Invalidating OPT:** I understand that my OPT will be cancelled or invalidated if I commence a new program of study, transfer my SEVIS record to a new school, engage in unauthorized employment, or otherwise violate my F-1 immigration status.
11. **Sixty-day "grace" period after OPT:** I understand that I am permitted a period of 60 days to remain in the U.S. following the end date on my OPT EAD. I may **not** work during this period unless my immigration status is changed to a classification that permits employment, or my employer has submitted a timely petition for an H-1B status to begin on October 1 following my OPT end date. I can also use this 60-day grace period to transfer my F-1 status to another school, apply for a change of status, process a level change to begin a new program of study, or to depart the U.S. (which I must do no later than the sixtieth day).
12. **Limits on future periods of OPT:** I understand that I am eligible for only one 17-month extension of OPT. I understand that if I am granted the 17-month extension, I will not be able to apply for another 17-month extension in a future OPT period.
13. **Cancelling my application:** If extraordinary circumstances warrant it, I can attempt to cancel my OPT application only if the application has not yet been adjudicated (approved) by the USCIS Service Center. I will work with my ISSO advisor if cancellation becomes necessary.
14. **OPT start and end dates:** I understand that the start date of my 17-month extension will begin on the day after my current OPT period ends, and will end 17 months later. I also understand that I cannot extend OPT beyond this 17-month extension even if I have not worked for the entire OPT period.

**Start date** (must be day after current OPT period ends): \_\_\_\_\_

**End Date** (must be 17 months after start date): \_\_\_\_\_

**Acknowledgement:** *I have read and understand the above rules and procedures and will abide by them. I verify that I have not previously been approved for a 17-month extension of OPT.*

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

Original to file / Copy to Student

One (but only one) of these boxes **must** be checked or USCIS will return your application:

Choose the **first box** if you have never applied before.

Choose the **third box** if you have applied in the past for an EAD for any reason.

This is the address to which the EAD will be mailed. Be sure it is complete, clear and accurate. If you will not live at this address for at least three months after you submit the application, use another address (e.g., a friend's address). If you use someone else's address, be sure to write "c/o" plus their name in the address line.

Complete section 17 **ONLY** if you are applying for the 17-month extension of OPT for STEM majors. "Degree" should be entered as:

- Bachelor's
- Master's
- Doctorate

Answer YES only if you have applied directly to the USCIS for employment authorization before. This does not refer to on-campus employment or Curricular Practical Training authorization.

**REMEMBER** to sign and date the form. Include your home or cell phone number. Keep your entire signature between the lines.

OMB No. 1615-0040; Expires 08/31/08

## I-765, Application For Employment Authorization

**Department of Homeland Security  
U.S. Citizenship and Immigration Services**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:  Permission to accept employment.  
 Replacement (of lost employment authorization document)  
 Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle) (Last) Which USCIS Office? Date(s)  
**SAMPLE Maxwell Thadeous USCIS Vermont Service Center 05/09/2005**

2. Other Names Used (Include Maiden Name)

3. Address in the United States (Number and Street) (Apt. Number)  
**123 S. Pleasant Street 3R**  
 (Town or City) (State/Country) (ZIP Code)  
**Brighton MA 023456**

4. Country of Citizenship/Nationality  
**United Kingdom**

5. Place of Birth (Town or City) (State/Province) (Country)  
**Cardiff Wales United Kingdom**

6. Date of Birth (mm/dd/yyyy) 7. Gender  
**11/18/1980**  Male  Female

8. Marital Status  Married  Single  
 Widowed  Divorced

9. Social Security Number (Include all numbers you have ever used) (if any)  
**123-45-6789**

10. Alien Registration Number (A-Number) or I-94 Number (if any)  
**346512100 12**

11. Have you ever before applied for employment authorization from USCIS?  
 Yes (if yes, complete below)  No

12. Date of Last Entry into the U.S. (mm/dd/yyyy)  
**07/19/2007**

13. Place of Last Entry into the U.S.  
**Boston**

14. Manner of Last Entry (Visitor, Student, etc.)  
**F-1 Student**

15. Current Immigration Status (Visitor, Student, etc.)  
**F-1 Student**

16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(ii), etc.).  
 Eligibility under 8 CFR 274a.12 ( ) ( ) ( )

17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.  
 Degree: \_\_\_\_\_  
 Employer's Name as listed in E-Verify: \_\_\_\_\_  
 Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: \_\_\_\_\_

**Certification**  
**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature **Maxwell T. Sample** Telephone Number **617-555-8956** Date **04/08/2008**

Signature of person preparing form, if other than above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_

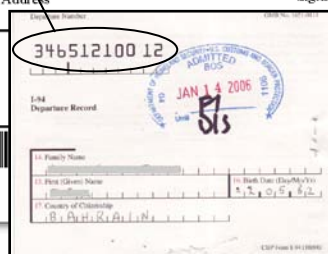
Remarks	Location	Returned

Form I-765 (Rev. 04/08/08) N

This is the place where your I-94 card was issued.

If you entered the U.S. in another status (e.g., F-2), then applied to change your status to F-1, enter the previous status here.

Leave this section blank. Your ISSO advisor will help you decide the correct code to enter.

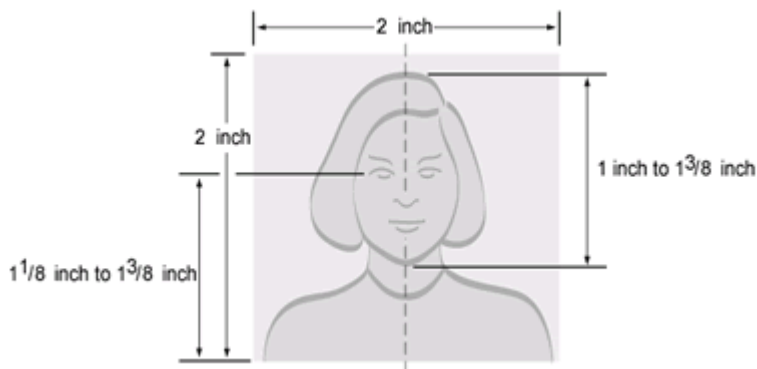


Use the following specifications when obtaining pictures to be submitted to U.S. Citizenship and Immigration Services (USCIS). For more information on photo specifications, go to:

[http://www.travel.state.gov/passport/pptphotos/composition\\_checklist.html](http://www.travel.state.gov/passport/pptphotos/composition_checklist.html)

- The picture must show your full face, front view, eyes open
- Make sure photo presents your full head from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inches (25 mm to 35 mm)
- Your head must be in the center of the frame
- Make sure eye height is between 1-1/8 inches to 1-3/8 inches (28 mm and 35 mm) from bottom of photo
- Must be against a plain white or off-white background
- There can be no distracting shadows on the face or background
- Do your best to have a natural expression

### Photo Dimensions and Sample



**The entire image must fit inside this box  
(do not cut photos)**