**CENTER FOR INTERNATIONAL PROGRAMS**
**INTERNATIONAL STUDENT PROGRAMS**
Telephone: (845) 257-3596 Fax: (845) 257-3608

# OPT 17 MONTH STEM EXTENSION
# INFORMATION UPDATE FORM

*Please provide the following information:*

Date: __/__/____

## Student Information:

Name:_____
Last Name First Name Middle Initial

SUNY New Paltz Student ID#: N_____

Local Address: _____

_____
City State Zip Code

Telephone Number: _____ Email Address:_____

Date of Birth __/__/____ Country of Citizenship: _____
month/ day / year

Current Immigration Status: ☐F-1 Student on OPT ☐Other: _____

Program of Study: ☐Undergraduate ☐Graduate Major: _____

OPT Start Date (Date on EAD Card): __/__/____ OPT End Date: (Date on EAD card): __/__/____
month/ day / year month /day / year

## Employer Information:

Employer's Name as listed in E-Verify: _____

Employer's Address: _____

_____
City State Zip Code

Your Job title: _____

Supervisor's Name:_____

Supervisor's Phone #: _____ Supervisor's email: _____

Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____

Date employment began: __/__/____
month/ day / year

**Please return this form with photocopies of your identification page of your passport, your F-1 visa page, both sides of your I-94 card, all previously issued I-20s as well as both sides of your EAD card.**