

TO BE COMPLETED BY
VISITING PROGRAM
PARTICIPANT

Request for STEM OPT Extension

Instructions: Complete this form if you are currently working at NIH as an F-1 student and you are requesting NIH's E-Verify Number for your Optional Practical Training (OPT) extension under the F-1 STEM regulations. You must read, complete, and sign Section I and have your NIH lab/branch supervisor or sponsor read and sign Section II below. For questions on STEM eligibility for an OPT extension, please contact the Designated School Official (DSO)/International Student Advisor at your school.

I. F-1 STUDENT CONFIRMATION

I agree to notify the Division of International Services (DIS), NIH, and my NIH supervisor or sponsor of any intention to resign or end my NIH fellowship or assignment prior to the end date listed on my STEM OPT Employment Authorization Document (EAD). I agree to provide this notification at least **two (2) weeks in advance** of my anticipated departure date.

As per the F-1 STEM regulations, I understand that I must notify the DSO at my school of my departure date or change in employment location within 10 days. I also understand that NIH has the responsibility to notify the DSO within 48 hours. I am providing contact information for my DSO below to facilitate this notification.

DSO Name: _____

School Name: _____

DSO Email: _____

DSO Telephone: _____

F-1 Student Name: _____

F-1 Student Signature: _____

Date (Month/Day/Year): _____

II. NIH LAB/BRANCH SUPERVISOR OR SPONSOR CONFIRMATION

As per the **F-1 STEM OPT reporting requirements**, NIH must notify the Designated School Official (DSO) listed above within 48 hours of any early departure for the above named F-1 student. Therefore, I agree to notify the Division of International Services (DIS), NIH, of the F-1 student's intention to resign or end the fellowship or assignment early*.

I agree to provide this notification at least **two (2) weeks in advance** of the anticipated departure date. In addition, I will also notify DIS immediately if the F-1 student fails to report to the lab/branch for **five (5)** consecutive business days.

Lab Sponsor Name: _____

Lab Sponsor Signature: _____

Date (Month/Day/Year): _____

If the NIH lab/branch is considering forced termination, the lab/branch must follow the **NIH Guidelines for the Early Termination of Awards to Postdoctoral Fellows and **immediately** notify DIS. If forced termination is approved, DIS is still responsible for notifying the individual's school within 48 hours of the forced termination date.*

USEFUL LINKS

[Contact DIS](#)

[Administrative Staff Guidance](#)

[DIS Processing Times](#)

[How to Submit Cases and Documents to DIS](#)

Keep copies of everything you send to DIS