Acknowledgement of Responsibility Form for F-1 Students Applying for 17-month STEM extension

We must receive the original of this form with the original student signature. No copies, faxes, or scans will be accepted.

A. While on a 17-month OPT STEM extension, an F-1 student must:
   - Send IS a copy of your OPT STEM EAD card to isoemp@lsu.edu.
   - Work in a paid position for an E-Verify employer at least 20 hours per week
   - Work in a position related to the STEM degree
   - Report to Designated School Official (DSO) within 10 days of
     Legal name change
     Change in residential or mailing address
     Changes in employer: Provide employer name, address and other details listed below in section B
     Loss of employment

B. Every six months starting from the date of the 17-month OPT STEM extension and ending when the student’s F-1 status ends, even if there are no changes, an F-1 student must report to the DSO:
   - Full legal name
   - SEVIS ID #
   - Current mailing and residential address
   - Name and address of current employer
   - Current supervisor and supervisor contact information
   - Current job title/position
   - E-Verify number of employer
   - Date student began working

C. Once approved for the extension, you must NOT
   - Work in a paid position for any employer that is not an E-Verify employer
   - Have more than 120 days unemployment time during the entire period of post-completion OPT (12-months plus 17-month extension).

Please report all required information by emailing isoemp@lsu.edu.

I understand that I am only eligible for one F-1 OPT STEM Extension per lifetime and I verify that I have never had OPT STEM in the past, at any degree or level. (Even if you did not use all of the STEM time, if the STEM EAD card was issued, you have lost that time and are no longer eligible for any STEM Extension).

I have read and understood the above listed responsibilities and I agree to follow all of the above listed requirements governing my F-1 17-month OPT STEM extension. I understand that I may be denied future immigration benefits if I fail to comply with the requirements during the OPT authorization period.

______________________________________________________
Student name (printed)

______________________________________________________
Student signature

______________________________________________________
Date       Student’s Email Address