



Employer Memorandum of Understanding 24-Month STEM OPT Extension

This form is intended for the employer of an F-1 international student currently on Optional Practical Training (OPT) who is requesting or is participating in the 24-month STEM extension of their OPT work authorization. In order to verify the eligibility of the student for the extension or for new employment under the extension, this form must be completed in full and submitted to International Education at Wichita State University along with the completed Form I-983 Training Plan for STEM OPT Students, pages 1-5. If reporting a change in position title for the STEM OPT employee, an updated Form I-983 is only necessary if there are material changes to Section 5 of the previously-submitted Form I-983.

To be completed by the employer's hiring official:

Name of OPT Employee: _____

Position Title of OPT Employee: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

As a representative of the employer, I hereby acknowledge the following:

- The F-1 student named above has been offered compensated employment at this company related to his/her STEM field of study as listed on their current Form I-20
- This company is a registered user of the E-Verify program
- This company agrees to comply with the Employer Certification on page 2, section 4 of the Form I-983
- I am aware that additional information for employers is available online at the STEM OPT Hub <https://studyinthestates.dhs.gov/stem-opt-hub>
- If I am reporting a change of position title for the STEM OPT employee, I must assist the employee in completing an updated Form I-983 if there are material changes to the Training Plan as described in Section 5 of the previously-submitted Form I-983.

Company Representative Signature: _____ Date: _____
(Signature valid only if hand-written or applied digitally with a time/date stamp.)

Printed Name: _____ Phone: _____

Title: _____ Email: _____

Please return completed form to:

Mail:

Fax:

Email:

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