

## Employer Memorandum of Understading 24-Month STEM OPT Extension

This form is itended for the employer of an F-1 international student currently on Optional Practical Training (OPT) who is requestigor is participating in the 24-month STEM existion of their OPT work authorization. In order to very the eligibility of the student for the extension or for new employment under the extension, this formmust be completed in full and submitted to Interational Education at Wichita State University along with the completed Form I-983 Training Plan for STEM OPT Students pages 15. 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 983.

| To be completed by the employer's hiring official:                       | -      |      |
|--|--------|------|
| Name of OPT Employee:  |        |      |
| Position Title of OPT Emplopee   |        |      |
| Company Name   |        |      |
| Street Addres:   |        |      |
| City:  | State: | Zip: |
| As a representative of the employer. I hereby acknowledge the following: |        |      |

The F-1 studies that named above has been offered to persated employment this ompany related to his/her STEM field of study as listed their current Form I-20. This company is a registered user of the Verify program. This company agrees to comply with he Employer Certification on page 2, sect