



*Office of International Services
2500 N. State St.
University of Mississippi Medical Center
Jackson, MS 39216
Phone: (601) 984-1125
Fax: (601) 984-1376
E-mail: jmendez@umc.edu*

EMPLOYER STEM OPT RECOMMENDATION FORM

The student named below wishes to apply to U.S. Citizenship and Immigration Services for work authorization in the STEM Optional Practical Training category to continue or begin employment with your company. F-1 students in post-completion Optional Practical Training who earned a bachelor's, master's or doctoral degree in a science, technology, engineering or mathematics (STEM) field as listed on their I-20 document and the DHS STEM Designated Degree Program list and who work for an e-verify employer are able to apply for the 17 month extension of the post-completion OPT work authorization.

To be eligible for this type of work authorization, the employer must be registered in the E-verify program and agree to the employer reporting obligations.

Employer Reporting Responsibilities

Employers must agree to within 48 hours of the occurrence, notify the Designated School Official using jmendez@umc.edu if the employee is terminated or departs from employment prior to the end date on the STEM extension employment authorization document.

Employee Name:

Employer Name:

Address:

E-Verify number:

I support the STEM OPT extension request and agree to meet the employer reporting responsibilities for the above named person.

Employer signature: _____

Printed name:

Date: