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Please complete and return this form to the Office of Student Academic Services and schedule a meeting with one of the Principal/ Designated School Officials (P/DSO).

(mm/dd/yyyy)

SEVIS ID #:________________________ Skidmore ID #: ________________________
Degree Program: _____ BA _____ BS
Major: ___________________________ 2nd Major: ______________________________

Note: Your program completion date on your I-20 must be December 16, 2023 End date: _________________

(Duration of OPT is a maximum of 12 months, if no OPT has been used prior to this
application)
Student Mailing Address & Contact information

____ ____

Cell phone ____
Email address ____
2nd e-mail address (if any) ____

For STEM OPT Extension: Do you have anEmployer ? Yes ________No ___________ STEM OPT Employer Name: ____