

**Statement of Acknowledgement for
STEM OPT Extension Requests**

INSTRUCTIONS: Complete this form if you are currently working at the NIH as an F-1 student seeking the NIH's E-Verify Number and/or assistance with completion of your school's form in support of an application to extend your Optional Practical Training (OPT) under the F-1 STEM regulations. You must read, complete, and sign Part I and have your NIH laboratory/branch supervisor or sponsor read and sign Part II below. You can mail or fax the form to the DIS. **Please do not do both.** If you fax the form, a fax cover sheet is not necessary. For questions on STEM eligibility for an OPT extension, please contact the Designated School Official (DSO) at your school.

PART I: F-1 STUDENT CONFIRMATION

I agree to notify the Division of International Services (DIS), NIH, and my NIH supervisor or sponsor of any intention to resign or end my NIH fellowship or assignment *prior* to the end date listed on my STEM OPT Employment Authorization Document (EAD). I agree to provide this notification at least **2 weeks in advance** of my anticipated departure date.

As per the F-1 STEM regulations, I understand that the NIH must notify the DSO at my school of my departure date within 48 hours and will provide the DSO's contact information below. I understand that failure to do so will represent a violation of the terms of the STEM OPT extension regulations as outlined by my F-1 sponsor.

Name of DSO: _____
 Name of School: _____
 Email: _____
 Telephone: _____
 Fax: _____

 Name Signature Date

PART II: NIH LABORATORY/BRANCH CONFIRMATION

As per the F-1 STEM regulations, the NIH must notify the Designated School Official (DSO) listed above within 48 hours of any early departure for the above named individual. Therefore, I agree to notify the Division of International Services (DIS), NIH, of the individual's intention to resign or end the fellowship or assignment *early**. I agree to provide this notification at least **2 weeks in advance** of the anticipated departure date. In addition, I will also notify the DIS if the individual fails to report to the laboratory/branch for **five (5)** consecutive business days.

 Name Signature Date

**If the NIH laboratory/branch is considering forced termination, the laboratory/branch must follow the "NIH Guidelines for the Early Termination of Awards to Postdoctoral Fellows" (<http://sourcebook.od.nih.gov/prof-desig/early-term.htm>) and immediately notify the DIS. If forced termination is approved, the DIS is still responsible for notifying the individual's school within 48 hours of the forced termination date.*



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