

Your Student ID:

CAP-GAP OPT EXTENSION I-20 REQUEST

End date of
current EAD
card (your OPT
expiration date):

With this form, I confirm that I wish to request a cap-gap I-20 showing my extension of status and/or employment through September 30 of this year and that I meet all the requirements for the cap-gap extension as explained to me by my employer and/or international student advisor.

Your Information:

Your name: _____

Job title: _____

Your current home address: _____

- I am currently not living in Fargo and want the OIP to mail the new I-20 to me.
- I am currently in Fargo and want to pick up my I-20 from the OIP when it is ready.

Your work e-mail address: _____

Other e-mail address: _____

Employer who filed the H-1B on your behalf:

Name of employer: _____

Address: _____

Your H-1B Receipt Number: _____

Yes - I am currently employed by this company and have been since this date: _____

PLEASE INCLUDE A COPY OF YOUR H-1B RECEIPT OR APPROVAL NOTICE

SUBMIT THIS FORM BY PAPER OR BY EMAIL TO YOUR INTERNATIONAL STUDENT ADVISOR IN MEMORIAL UNION 116 FOR PROCESSING. THANK YOU!