



OFFICE OF INTERNATIONAL
STUDENT AND SCHOLAR SERVICES

521 Lancaster Avenue • Whitlock 455, CPO 69
Richmond, KY 40475
Phone: 859-622-1478 • Fax: 859-622-1552
Email: international@eku.edu
<http://www.international.eku.edu>

CAP-GAP EXTENSION I-20 REQUEST FORM

Cap-Gap Extension is an extension of F-1 status (and sometimes OPT employment) between April 1st and September 30th for those students participating in post-completion Optional Practical Training (OPT), STEM OPT Extension, or for those who are in their 60 day grace period whose employers have filed an H-1B petition on their behalf. After submitting this request OISSS will create the new I-20 within 2-5 business days.

Family Name: _____ First Name: _____
 EKU ID#: _____ Gender: Female Male
 Country of Citizenship: _____ Date of Birth (mm/dd/yyyy): _____
 Do you have dependent? Yes No. If yes, how many children: _____
 Email: _____ Phone #: _____
 Street Address: _____ Apartment/Room #: _____
 City: _____ State: _____ Zip Code: _____
 Employer: _____
 Employer's Street Address: _____
 City: _____ State: _____ Zip Code: _____

CAP-GAP EXTENSION APPLICATION PROCESS

Please submit this form along with **one** of the following documents to international@eku.edu:

- Copy of your H-1B Approval Notice
- Copy of your H-1B Receipt and/or email confirmation
- Proof that your company has timely filed your H-1B petition (letter from attorney/employer, copy of the petition and proof of delivery receipt from FedEx, UPS, or USPS)
- Copy of most current Employment Authorization Document (EAD)

HOW DO YOU WANT TO RECEIVE YOUR NEW I-20?

- Pick up in person.** You can pick up your new OPT extension I-20 in person from Whitlock Bldg., Room 455.
- Express mail service via eShipGlobal.** OISSS will send your I-20 by express mail at your **own expense**. Follow the directions at: <http://international.eku.edu/pre-departure#i-20> to pay for your express mail order.
- I will create my own shipping label.** Please e-mail your shipping label to: international@eku.edu.
- Pick up by friend or relative.** Picture ID will be required for your friend/relative to pick up your I-20.

Name of friend/relative _____ Phone number: _____

Signature: _____ Date: _____