

Request for Cap – Gap Extension I-20

Florida ASM University

International Students and Scholars Unit (ISSU)

| First Name | Last Name | Student ID# | |
|--|--|--|----------------|
| | | | |
| Email | Phone | _ | |
| Current OPT/STEM EAD Card Number | cr Current EAD Sta | rt Date | |
| Checklist of Required Do | cuments | | |
| ☐ Completed request form – please ☐ Clear, legible copy of your most cu ☐ If EAD Expires between April 1 FedEx, USPS, DHL USPS, etc.) to a Receipt Notice | arrent EAD Card & May 31st: A copy of the | | |
| OR— | | | |
| ☐ If EAD Expires on June 1st or later: A copy of the I-797C Receipt notice (or Approval notice) from USCIS | | | |
| You will receive an email from the IS the method of I-20 delivery you pre □ I will pick it up at the ISSU □ I will request express mail delivery (| fer: | | |
| Please submit this form (with attachm Please note that <i>processing time is 5-2</i> | • | il at <u>famuoied@gmail.com</u> as a sing | le attachment. |
| properly update my student re | cords. ithdrawn or denied, I have the withdrawn/denial date | I Notice to famuoied@gmail.com so we 10 days from the withdrawn/denial ate in which I can: | |
| | , , | | |
| Student Signature Date | mm dd | уууу | |