



CAP-GAP EXTENSION I-20 REQUEST FORM

Students are eligible for a cap-gap extension of their F-1 status and any active F-1 employment authorization if they are the beneficiary of a timely filed cap-subject H-1B petition which requests a change of status within the U.S. To request a Form I-20 that reflects the cap-gap extension, students must complete and return this form, along with the following document to their [International Student Advisor](#):

- I-797 Receipt Notice or Approval Notice from U.S. Citizenship and Immigration Services (USCIS)

STUDENT INFORMATION

Last Name: _____ First Name: _____ PID: _____

Date of Birth (mm/dd/yyyy): _____ SEVIS ID: _____ Today's Date: _____

U.S. ADDRESS AND CONTACT INFORMATION

Please log into your ConnectCarolina Student Center to [update the following information](#): SEVIS Immigration Reporting Address, Preferred Phone Number and Preferred Email Address. Your current address and contact information must also be confirmed below and match the information in ConnectCarolina. Please note that this information will be reported in SEVIS. The email address you indicate below, once reported in SEVIS (if it has not been already), will be the email you use for access to the SEVP Portal.

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Email (SEVP Portal access): _____ Phone Number: _____

H-1B INFORMATION

Did the employer who filed your H-1B petition request a change of status? YES NO

CURRENT EMPLOYER

Please confirm your current employer details below, even if a different employer filed an H-1B petition listing you as the beneficiary.

I am currently unemployed: YES NO

EMPLOYER INFORMATION/ADDRESS

Name of Company or Institution: _____

Start Date (mm/dd/yyyy): _____ End Date, if applicable (mm/dd/yyyy): _____

Job Title: _____ Work Hours per Week: _____

Employer's Address: _____ Suite Building Apt Floor number: _____

City: _____ State: _____ Zip Code: _____

WORKSITE [PHYSICAL LOCATION OF WORK]

Are you currently working at a location other than your employer’s address, listed above: YES NO

If yes, select the worksite type: Client Company Branch Home/Remote Other (specify): _____

Client Name, if applicable: _____

Address of Physical Location of Work, if you indicated YES above:

Street Address: _____ Suite Building Apt Floor Number: _____

City: _____ State: _____ Zip Code: _____

JOB RELATION TO MAJOR

Describe HOW your employment relates to your degree/major area of study. (Note: your exact wording and explanation will be reported in SEVIS):

CAP-GAP EXTENSION STUDENT CERTIFICATION AND ACKNOWLEDGEMENT

- 1. The cap-gap extension is an extension of my F-1 status, therefore, I must maintain my F-1 status until the end of my cap-gap extension period, and continue to abide by the reporting requirements of my F-1 status.
2. I am required to report any change of address, contact information, or employment information to ISSS within 10 days of the change.
3. The amount of unemployment that I am allowed during OPT (90 days for post-completion OPT and 150 days for the 24-month STEM Extension) remains the same during the cap-gap extension period; if I have already used my unemployment time, I do not have any additional time.
4. Travel outside of the U.S. during the cap-gap period must be undertaken with caution. I will speak with my employer or the attorney who filed my H-1B petition prior to travel and will inform ISSS of any international travel plans.
5. The cap-gap extension ends on September 30. I am not allowed to work past September 30, if my H-1B petition has not been adjudicated by that date.
6. If my H-1B petition is withdrawn, revoked, or denied, my cap-gap extension ends from the date of the withdrawal, revocation, or denial.
7. If my H-1B petition is approved but the Change of Status is denied, my cap-gap extension ends and is no longer valid.
8. I will notify ISSS of any changes to my H-1B petition that may affect my eligibility for the cap-gap extension.

I acknowledge that the information provided on this form is factual and that I have read and understand the information above.

Signature: _____ Printed Name: _____ Date: _____