University of Louisiana at Lafayette  
Office of International Affairs  
H1-B Cap Gap  

MEMORANDUM OF AGREEMENT

Name of Student: ____________________________________________
SEVIS ID Number: ____________________________________________
Beginning Date: ____________________________________________
Ending Date: ____________________________________________

1. I am applying for an extension of my duration of status and work authorization for the H1-B cap gap, and I understand that I will remain under the authorization of the University of Louisiana at Lafayette as an F-1 student.

2. I understand that I must provide the Office of International Affairs with any change in my physical address and/or employment within 10 days of the change. I understand that I must make a validation report to the Office of International Affairs every 6 months (within 10 business days of each 6 month reporting date), even if there are NO CHANGES in the address or employment information.

3. I must provide this information until the end of my extension of my duration of status and work authorization for the H1-B cap gap or a change in visa status. I understand that if I am approved for a change of visa status during my extension (for example, from F-1 to H-1B), I will fax a copy of the approval to the Office of International Affairs as soon as possible with my CURRENT address and phone number.

4. Upon receipt of the extension of my duration of status and work authorization for the H1-B cap gap, it will be my responsibility to send to the Office of International Affairs a copy of the extension immediately, along with any change in physical address.

Signature: ___________________________ Date: ________

NOTE: A student on extension remains in F-1 student status until the authorization extension expires, or the student changes visa status. Also, any periods of unemployment must be reported to the Office of International Affairs immediately.