

**FOLLOW THIS SAMPLE TO
COMPLETE YOUR I-983.**

OIS recommends students visit DHS's website for additional guidance for completing the Form I-983: <https://www.ice.gov/doclib/sevis/pdf/i983Instructions.pdf>

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 5/31/2025

TRAINING PLAN FOR STEM OPT STUDENTS

Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

If you are a student at a *regional campus*, please list that campus name here.

Regional campus students:

UPB:PHI214F10188001

UPG: PHI214F10188002

UPJ:PHI214F10188003

SECTION 1: STUDENT INFORMATION (Completed by Student)

Student Name (Surname/Primary Name, Given Name): <u>Family Name, Given Name, Middle Name</u>		Student Email Address:
Name of School Recommending STEM OPT: <u>The University of Pittsburgh</u>	Name of School Where STEM Degree Was Earned:	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <u>PHI214F1018800</u>
Designated School Official (DSO) Name and Contact Information: Name of your Immigration Specialist, 412-624-7120; email address of your IS		Student SEVIS ID No.: <u>N00XXXXXX</u>
Qualifying Major and Classification of Instructional Programs (CIP) Code: <u>Major Name and CIP Code (CIP is on I-20)</u>		STEM OPT Requested Period (mm-dd-yyyy): From: <u> </u> To: <u> </u>
Level/Type of Qualifying Degree: <u>EX: Bachelor's, Master's, Ph.D.</u>		
Date Awarded (mm-dd-yyyy): <u> </u> (or anticipated completion date)		
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Authorization Number: <u>Enter USCIS# found on EAD</u>		

The day after your current OPT expires

24 months from current OPT expiration date

Check "Yes" only if your STEM OPT is based on a *different* degree that you earned prior to your most recent Pitt degree.

List "University of Pittsburgh" only if you earned your STEM degree there. Otherwise, list the school that granted your STEM degree.

SECTION 2: STUDENT CERTIFICATION

I certify that the statements and information made herein are true and correct to the best of my knowledge, and I understand that providing false information provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using false information.

1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");
2. I will notify the DSO at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan;
3. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the STEM OPT of students whom DHS determines are not engaging in OPT in compliance with the law, including the STEM OPT of students who are not, or whose employers are not, complying with this Plan;
4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and
5. I will notify the DSO at the earliest available opportunity regarding any material changes to or deviations from this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any nontrivial reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that I engage in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule.

Signature of Student (Sign in ink): _____

Don't forget to sign! OIS accepts electronic signatures.

Printed Name of Student: _____

Date (mm-dd-yyyy): _____

Section 3 is to be completed
by your Employer!

ONLY if Pitt is your employer:

EIN: 25-0965591

Number of Employees: 14,669

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name:		Street Address:		Suite:
Employer Website URL:		City:	State:	ZIP Code:
Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code:		
OPT Hours Per Week (must be at least 20 hours/week):	Compensation:			
	A. Salary Amount and Frequency: _____			
Start Date of Employment (mm-dd-yyyy):	B. Other Compensation (Type and Estimated Amount or Value):			
	1. _____			
	2. _____			
	3. _____			
	4. _____			

Your employer and/or Human Resources department should tell you the Employer ID Number (EIN) and NAICS code.

Start date of STEM extension

OR

actual start date with this employer,
whichever is later

SECTION 4: EMPLOYER CERTIFICATION

I certify that the statements and information made herein are true and correct to the best of my knowledge, and that I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that a student engages in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;
3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (Note: business days do not include federal holidays or weekend days; and an employer shall consider a student to have departed when the student knows the student has left the practical training opportunity, or when the student has not reported for practical training for a period of five consecutive business days without the consent of the employer); and
4. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214), which include, but are not limited to, the following:
 - a. The student's practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension, and the position offered to the student achieves the objectives of his or her participation in this training program;
 - b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
 - c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
 - d. The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions of the STEM practical training opportunity—including duties, hours, and compensation—are commensurate with the terms and conditions applicable to the employer's similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than two similarly situated U.S. workers in the area of employment, the terms and conditions of other similarly situated U.S. workers in the area of employment; and
 - e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

Note: DHS may, at its discretion, conduct a site visit of the employer to ensure that program requirements are being met, including that the employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this Plan.

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name and Title of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____

Printed Name of Employing Organization: _____

Don't forget to have your employer sign!
OIS accepts electronic signatures.

The employer that signs the Training Plan must be the same entity that employs the student and provides the practical training experience.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name):	
Employer Name:	Enter employer's name as it appears in "Section 3: Employer Information."
EMPLOYER SITE INFORMATION	
Site Name:	Site Address (Street, City, State, ZIP):
Name of Official:	Official's Title:
Official's Email:	Official's Phone:
<i>Note: for the remaining fields in this section, employers who already have an internship-training plan in place may fill in the details based on that plan.</i>	
Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her qualifying STEM degree.	
Enter the employer's site name and address, which may be the same as employer name in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name of this work site.	
Goals and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives for work-based learning related to his or her STEM degree. The description must both specify the student's goals regarding specific knowledge, skills, or techniques as well as the means by which they will be achieved.	
Employer Oversight: Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the named F-1 student. If the employer has a training program or related policy in place that controls such oversight and supervision, please describe.	
Measures and Assessments: Explain how the employer measures and confirms whether individuals filling positions such as that being filled by the named F-1 student are acquiring new knowledge and skills. If the employer has a training program or related policy in place that controls such measures and assessments, please describe.	

If you are working 100% remotely, in a hybrid arrangement, or in multiple locations, see the end of this document for more information about how to complete this section.

Additional Remarks (optional): Provide additional information pertinent to the Plan.

Use this section to report additional information about your work location if you are working remotely or in a hybrid arrangement. Please see additional information about reporting remote/hybrid employment addresses at the end of this document.

SECTION 6: EMPLOYER OFFICIAL CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Employer Official with Signatory Authority - I certify that:

1. I have reviewed, understand, and will follow this Training Plan for STEM OPT Students (Plan);
2. I will conduct the required periodic evaluations of the student;*
3. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214.2(f)(10)(ii)); and
4. I will notify the DSO regarding any material changes to or material deviations from this Plan at the earliest available opportunity, including if I believe the student is not receiving appropriate training as delineated in this Plan.

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name and Title of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____

Don't forget to have your employer sign! Do not just type the name!

OIS accepts electronic signatures.

PRIVACY ACT STATEMENT

AUTHORITIES: Section 101(a)(15)(F) of the Immigration and Nationality Act of 1952, as amended (INA), 8 U.S.C. 1101(a)(15)(F), Section 641 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, Div. C, 110 Stat. 3009-546 (codified at 8 U.S.C. 1372), Section 502 of the Enhanced Border Security and Visa Entry Reform Act of 2002, Pub. L. 107-173, 116 Stat. 543 (codified at 8 U.S.C. 1762) and Homeland Security Presidential Directive No. 2 (HSPD-2), authorize U.S. Immigration and Customs Enforcement (ICE) to collect the information requested in this form.

PURPOSE: The information collection on this form is used to assist in the administration of the STEM Optional Practical Training (OPT) extension so that Designated School Officials (DSO) can properly recommend the Student for and review and help coordinate his or her STEM optional practical training opportunity.

ROUTINE USES: The information collected on this form may be shared with: the individuals who signed the Plan, relevant DSOs acting as liaisons with the DHS, Federal, State, local, or foreign government entities for law enforcement purposes, Members of Congress in response to requests on the Student's behalf, or as otherwise authorized pursuant to its published Privacy Act system of records notice - Privacy Act of 1974: U.S. Immigration and Customs Enforcement, DHS/ICE-001 Student and Exchange Visitor Information System (SEVIS) System of Records (<https://www.dhs.gov/system-records-notices-soms>).

DISCLOSURE: The information you provide is voluntary. However, failure to provide the information requested on this form may delay or prevent participation in a STEM OPT opportunity.

PAPERWORK REDUCTION ACT

The public reporting burden for this collection of information is estimated to average 7.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid Office of Management and Budget (OMB) control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, send them to: U.S. Immigration and Customs Enforcement, Office of Policy, 500 12th Street SW, Washington, D.C. 20536

*See evaluation forms that follow for student's first evaluation, to occur before the one year anniversary of the start date of the student's STEM OPT employment authorization, and final program evaluation.

EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Page 5, box 1 (Evaluation on Student Progress) is to be completed at the 12-month benchmark of the STEM OPT Extension.

When completing this section, make sure to enter the dates in the “From” and “To” sections:

- “From”:
 - The date you started working with the employer during your STEM OPT extension period
- “To”:
 - 12 months after the start of your STEM OPT extension period, regardless of when you started with your current employer.

Signature of Student (Sign in ink): _____

Printed Name of Student: _____

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____

- Sign, date, and print your name
- Have your employer sign, date, and print their name
⇒ OIS accepts digital signatures

FINAL EVALUATION ON STUDENT PROGRESS

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Page 5, box 2 (Final Evaluation on Student Progress) is to be completed when a STEM OPT participant:

- ends employment or changes jobs during the STEM OPT Extension, OR
- at the 24-month benchmark of the STEM OPT Extension

When completing this section, make sure to enter the dates in the “From” and “To” sections:

- “From”:
 - In many cases, this is 12 months after the start of the STEM OPT extension period. However, changing jobs can impact the “from date”
 - If you have questions about what “from” date to list, contact your Immigration Specialist.
- “To”:
 - the 24-month mark from the start of your STEM OPT extension period, OR
 - the date you stopped working for your most recent STEM OPT employer

Signature of Student (Sign in ink): _____

Printed Name of Student: _____

Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____

- Sign, date, and print your name
- Have your employer sign, date, and print their name
⇒ OIS accepts digital signatures

Guidance for reporting remote/hybrid employment on the Form I-983

The government has provided guidance for STEM OPT applicants who will work remotely, or in a hybrid (in-person & remotely) setup.

When a STEM OPT applicant works 100% remotely:

- **Section 3** (Employer Information) on page 2 of Form I-983:
 - Write the address of your employer's headquarters
- **Section 5** (Employer Site Information) on page 3 of Form I-983:
 - Write your home / remote work address

When a STEM OPT applicant works in a hybrid setup (e.g., in-person 2 days a week; work from home 3 days per week), OR if the applicant has multiple sites of activity:

- List the address where you spend the *majority* of time working in **Section 5** of the I-983.
- In the “**Additional Remarks**” section at the top of page 4 of Form I-983:
 - List *all* relevant work addresses
 - Example: “I work in the office 3 days per week at the address listed in Section 5, but I work from my home address, _____, 2 days per week.”

Students with questions about how to report employment addresses on the Form I-983 should contact their Immigration Specialist for further clarification.