

## Completing the Form I-983

# TRAINING PLAN FOR STEM OPT STUDENTS

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

***STEM OPT students and their employers are subject to the terms of the Form I-983, Training Plan for STEM OPT Students, effective as of the start date requested for STEM OPT on the Form I-983.***

### • Section 1: Student Information (Completed by Student):

- ***Student Name:*** Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your SEVIS (Student and Exchange Visitor Information System) issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students."
- ***Student Email Address:*** Enter the email address where you can be contacted.
- ***Name of School Recommending STEM OPT:*** Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT.
- ***Name of School Where STEM Degree Was Earned:*** Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.
- ***SEVIS School Code of School Recommending STEM OPT:*** Enter the SEVIS School code of the school recommending the STEM OPT (including the 3-digit suffix). This would be your current school or school of most recent enrollment.
- ***DSO Name and Contact Information:*** Enter the full name and contact information, including official address, phone, and email, of the DSO who is recommending this STEM OPT and processed this Form I-983.
- ***Student SEVIS ID Number:*** Enter your SEVIS identification (ID) number.
- ***STEM OPT Requested Period:*** Enter the period during which you are requesting to work on STEM OPT (regardless of whether the authorized dates match actual training dates). Note that the STEM OPT extension may not end more than 24 months after the scheduled termination of the student's Employment Authorization Document for the current period of post-completion OPT. For a student on 12-month OPT requesting a STEM OPT extension, the start date should be the day after your current 12-month OPT ends. For a student on 17-month STEM OPT requesting conversion to the terms and conditions of a 24-month STEM OPT extension, the F-1 student and the student's employer will be subject to the terms and conditions of the Form I-983, "Training Plan for STEM OPT Students," as of the date of receipt at U.S. Citizenship and Immigration Services (USCIS) and thus the requested period should identify a start date on or before proper filing at USCIS.
- ***Qualifying Major and Classification of Instructional Programs (CIP) Code:*** Enter your STEM major that qualifies you for the STEM OPT extension, as well as the degree's (CIP) code. You can find CIP codes on the National Center for Education Statistics website at:

<http://nces.ed.gov/ipeds/cipcode/default.aspx?v=55> or the ICE website at <http://www.ice.gov/sevis>.

- **Level/Type of Qualifying Degree:** Enter the academic level upon which you are basing STEM OPT. (For example, enter Bachelor's, Master's, or Ph.D.)
- **Date Awarded:** Enter the date when the degree, upon which STEM OPT will be based, was awarded.
- **Based on Prior Degree?** Check "Yes" if your STEM OPT participation is based on a previously-obtained STEM degree, and is not the same degree upon which your current post-completion OPT was granted. Check "No" if your STEM OPT participation is based on your most recently obtained degree, and that is the degree upon which your current post-completion OPT is based.
- **Employment Authorization Number:** Enter your "A" number, (which may be found on the Employment Authorization Document).

- **Section 2: Student Certification:**

- **Student Certification:** Review the certification and affirm the statement by signature.

- **Section 3: Employer Information (Completed by Employer):**

- **Employer Name:** Enter your company, university, etc. name.
- **Street Address, Suite, City, State, Zip Code:** Enter the employer or company mailing address.
- **Employer Website URL:** Enter the employer website URL, if available. If no website exists, enter N/A.
- **Employer ID Number (EIN):** Enter the Employer Identification Number (EIN).
- **Number of Full-Time Employees in the United States:** Provide the number of full-time employees in the United States.
- **North American Industry Classification System (NAICS) Code:** Enter the company's NAICS code. (Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.) NAICS codes are accessible at <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>.
- **OPT Training Hours Per Week:** Enter the agreed-upon number of average training hours per week. In order to qualify for STEM OPT, the student must work a minimum of 20 hours per week.
- **Start Date of Employment:** Enter the date when the student will begin the STEM OPT training with the employer.
- **Compensation:** Enter the dollar amount of salary, stipend, and/or other compensation, and the frequency of pay (per hour, per week, bi-weekly, monthly). Other compensation may include housing, tuition waivers, transportation costs, etc. Note: The terms and conditions of a STEM practical training opportunity (including duties, hours, and compensation) must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work at least 20 hours per week while employed.

- **Section 4: Employer Certification:**

- **Employer Certification:** The Employer Official with Signatory Authority, who is an appropriate individual in the employer's organization, who is familiar with the student's goals and performance, and who is an employee who has signatory authority for the employer should review the certification and affirm the statement by signature.
- **Note for Employer Official with Signatory Authority:** The Employer Official with Signatory Authority attestation includes the certification at Section 4 (d) which states "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."
- **Section 5: Training Plan for STEM OPT Students (Completed by Employer):**  
In order to better ensure the academic benefit and integrity of the extension, Federal regulations require each STEM OPT student to prepare and execute with **his or her** prospective employer a formal training plan that identifies learning objectives and a plan for achieving those objectives. The STEM OPT student and his or her employer must work together to finalize the plan.
  - **Student Name:** Enter the student's name (Surname/Primary Name, Given Name) exactly as it appears on the student's SEVIS-issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students."
  - **Employer Name:** Enter the employer's name, as it appears in "Section 3: Employer Information."
  - **Site Name:** Enter the employer's site name, 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.
  - **Site Address:** Enter the exact address of the work site where the STEM practical training will take place.
  - **Name of Official:** Enter the name of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance. This may or may not be the same Employer Official as in Section 4.
  - **Official's Title:** Enter the title of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
  - **Official's Email:** Enter the email address of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
  - **Official's Phone Number:** Enter the phone number of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
  - **Student Role and the Training Program's Direct Relationship to the Student's Qualifying STEM Degree:** Describe what tasks and assignments the student will carry out during the training and how these relate to the student's STEM degree. The plan must cover a specific span of time, and detail specific goals and objectives.

- **Goals and Objectives:** Describe the specific skills, knowledge, and techniques the student will learn or apply; how the student will achieve the goals set out for his or her training; and the training curriculum including the timeline.
  - **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, a description of this program or policy may suffice to answer the question.
  - **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, a description of this program or policy may suffice to answer the question.
  - **Additional Remarks.** Provide any additional pertinent information.
- **Section 6: Employer Official Certification:**
    - **Certification of Official with Signatory Authority:** *Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer Certification in Section 4.* An employee with signatory authority for the employer should review the certification and affirm the statement by signature. On the material change certification (#4), please note that material changes in the plan can include (but are not limited to) the following: any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Form I-983, "Training Plan for STEM OPT Students," 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.
  - **Evaluation on Student Progress:**
    - Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his or her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.
    - The student submits the first assessment within twelve months and a final evaluation that recaps all the training and knowledge acquired during the complete training period.
    - Enter the range of the student evaluation dates (the timeline for which this evaluation is relevant).
    - The student must sign, print name, and enter date of signature.
    - The Employer Official with Signatory Authority must sign, print name, and enter the date of signature to show concurrence with the assessment information that the student has entered.

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

**TRAINING PLAN FOR STEM OPT STUDENTS**

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

OMB CONTROL NO. 1653-0054  
EXPIRATION DATE: 03/31/2019

**SECTION 1: STUDENT INFORMATION (Completed by Student)**

Student Name (Surname/Primary Name, Given Name):		Student Email Address:	
Name of School Recommending STEM OPT: <b>Texas Tech University</b>	Name of School Where STEM Degree Was Earned:	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <b>DAL214F00020000</b>	
Designated School Official (DSO) Name and Contact Information:		Student SEVIS ID No.:	STEM OPT Requested Period: (mm-dd-yyyy)  From: _____ To: _____
Qualifying Major and Classification of Instructional Programs (CIP) Code: _____			
Level/Type of Qualifying Degree: _____			
Date Awarded: (mm-dd-yyyy) _____			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: _____			

**SECTION 2: STUDENT 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.

I certify that:

1. I have reviewed, understood, 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: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

**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):	<b>Compensation</b> A. Salary Amount and Frequency: _____ B. Other Compensation (Type and Estimated Amount or Value): 1. _____ 2. _____ 3. _____ 4. _____			
Start Date of Employment:  (mm-dd-yyyy) _____				

**SECTION 4: EMPLOYER 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.

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 employer 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: \_\_\_\_\_

Printed Name and Title of Employer Official with Signatory Authority: \_\_\_\_\_

Date: (mm-dd-yyyy) \_\_\_\_\_ Printed Name of Employing Organization: \_\_\_\_\_

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SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name):	
Employer Name:	
EMPLOYER SITE INFORMATION	
Site Name:	Site Address (Street, City, State, ZIP):
Name of Official:	Official's Title:
Official's Email:	Official's Phone Number:
<b>Note: for the remaining fields in this section, employers who already have an internal/pre-existing training plan in place may fill in the details based on that plan.</b>	
<u>Student Role:</u> 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.	

**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.

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

#### 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, understood, 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: \_\_\_\_\_

Printed Name and Title of Employer Official with Signatory Authority: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

#### 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-notice-sorns>).

**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 12<sup>th</sup> 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: (mm-dd-yyyy): From \_\_\_\_\_ To \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

Signature of Employer Official with Signatory  
Authority: \_\_\_\_\_

Printed Name of Employer Official with Signatory Authority: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

**NOTE: This evaluation is due after the first year of  
STEM OPT.**

### 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: (mm-dd-yyyy) From \_\_\_\_\_ To \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

Signature of Employer Official with Signatory Authority: \_\_\_\_\_

Printed Name of Employer Official with Signatory Authority: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

**NOTE: This evaluation is due after the completion of STEM OPT.**