

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**

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

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): <b>Tapadia, Vedant</b>		Student Email Address: <b>vedant.tapadia12.5@gmail.com</b>	
Name of School Recommending STEM OPT: <b>Indiana University Bloomington</b>	Name of School Where STEM Degree Was Earned: <b>Indiana University Bloomington</b>	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <b>CHI214F10103000</b>	
Designated School Official (DSO) Name and Contact Information: <b>Indiana University DSOs Office of International Services, Ferguson International Center, 330 N. Eagleson Ave. Bloomington, IN 47405; 812-855-9086, sevisiu@iu.edu</b>		Student SEVIS ID No.: <b>N0032840875</b>	STEM OPT Requested Period (mm-dd-yyyy): From: <b>05-06-2025</b> To: <b>05-05-2027</b>
Qualifying Major and Classification of Instructional Programs (CIP) Code: <b>Computational Science 30.3001</b>			
Level/Type of Qualifying Degree: <b>Master's</b>			
Date Awarded (mm-dd-yyyy): <b>05-03-2024</b>			
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Employment Authorization Number: <b>141-414-885</b>			
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:			
<ol style="list-style-type: none"><li>1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");</li><li>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;</li><li>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;</li><li>4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</li><li>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.</li></ol>			
Signature of Student: _____			
Printed Name of Student: <b>Vedant Tapadia</b>		Date (mm-dd-yyyy): _____	

**SECTION 3: EMPLOYER INFORMATION (Completed by Employer)**

Employer Name: <b>Amazon.com, Inc. and its affiliates and subsidiaries</b>		Street Address: <b>11815 Alterra Pkwy</b>		Suite:	
Employer Website URL: <b>https://www.amazon.com</b>		City: <b>Austin</b>		State: <b>TX</b>	ZIP Code: <b>78758</b>
Employer ID Number (EIN): <b>91-1646860</b>	Number of Full-Time Employees in U.S.: <b>1,061,055</b>	North American Industry Classification System (NAICS) Code: <b>454110</b>			
OPT Hours Per Week (must be at least 20 hours/week): <b>40</b>	Compensation: A. Salary Amount and Frequency: <b>\$129,000 per year</b>				
Start Date of Employment (mm-dd-yyyy): <b>05-06-2025</b>	B. Other Compensation (Type and Estimated Amount or Value): 1. <b>Standard Corporate Benefits</b>				
	2. _____				
	3. _____				
	4. _____				

**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: **Deepa Remesh, Software Development Manager**

Date (mm-dd-yyyy): \_\_\_\_\_ Printed Name of Employing Organization: **Amazon.com, Inc. and its affiliates and subsidiaries**

**SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)**Student Name (*Surname/Primary Name, Given Name*):

Tapadia, Vedant

Employer Name:

Amazon.com, Inc. and its affiliates and subsidiaries

**EMPLOYER SITE INFORMATION**

Site Name:

AUS16

Site Address (Street, City, State, ZIP):

11815 Alterra Pkwy, Austin, TX 78758

Name of Official:

Deepa Remesh

Official's Title:

Software Development Manager

Official's Email:

dremesh@amazon.com

Official's Phone Number:

512-301-1732

**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.

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.

As a Software Development Engineer, the student will perform professional and highly specialized duties which include: Designing, developing, implementing, testing, and documenting embedded or distributed software applications, tools, systems and services; translating functional requirements into robust, efficient, supportable solutions that work well within the overall system architecture; participating in the full development cycle, end-to-end, from design, implementation, and testing to documentation, delivery and maintenance; producing comprehensive, usable software documentation and; evaluating and making decisions around the use of new or existing software products and tools. The duties involved in the student's role directly relate to the student's existing knowledge gained through a qualifying STEM degree and the student's training program will enhance this knowledge via specific projects and tasks. The student will apply theoretical knowledge of Computational Science to complete assigned tasks related to the general duties described above. Specifically: The Applied Algorithms course taught the student how to create efficient solutions to complex problems using different algorithms and data structures. In their AWS role, the student will use these skills to write optimized code and design scalable solutions for cloud services. The Advanced Database Concepts course taught the student database design principles, query optimization, and transaction management. The student will use this knowledge to design efficient database structures and write optimized queries for AWS applications. The Applied Database Technologies course equipped the student with skills for working with different database systems and tools. The student will apply these skills when setting up and managing databases for AWS services and helping customers with their database needs.

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.

The student will work on assignments of varying length throughout the OPT STEM training period. Each assignment will include different novel challenges and learning opportunities specifically tailored to each student, which will enable the student to digest information, analyze data and facts, evaluate options and develop innovative solutions. Goals for this student will include:

- (1) Gain exposure to a wide range of computing products and/or services while learning alongside industry thought leaders in the student's field of knowledge.
- (2) Confront challenges that arise in assigned projects or tasks and to develop creative solutions to resolve technical issues.
- (3) Utilize and apply the knowledge gained during the student's STEM degree to ongoing projects at Amazon in real-time.
- (4) Through working on AWS cloud services, the student will deepen their understanding of distributed systems and cloud computing architecture. This knowledge will help the student achieve their goal of becoming an expert in cloud computing and distributed systems design.

The student's goals are directly related to their chosen field and will require the expansion and enhancement of their existing knowledge base via active participation in assignments.

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. Amazon does not have a separate training program or policy in place to control oversight and supervision for the student. In lieu of a separate program, Amazon will provide oversight and supervision through its normal management structure wherein the student will be supervised directly by an immediate superior on a day-to-day basis. The supervisor will provide informal feedback and guidance at the conclusion of each assignment, as well as formal oversight via the company performance review process. The performance review process will take place annually and will be conducted by the immediate supervisor. Additionally, the student will receive ongoing informal feedback and mentorship provided by senior-level team members.

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.

Amazon will provide assessments regarding the student's progress frequently via informal reviews by the immediate supervisor. The supervisor will measure and assess the student's acquisition of new knowledge and skills at specific intervals during each project, including: (1) initially when assigning work, (2) at certain milestones throughout the project, and (3) at the completion of each project / assignment. During these informal assessments, the supervisor will measure the student's overall progress to date, and will ensure that the student is receiving progressively challenging assignments during the STEM OPT training period. At certain milestones, senior members of the team will also review the student's progress and provide informal feedback to keep the project on schedule and support the student's continuous growth. The supervisor's ongoing, informal measurements and assessments will provide the basis for the student's annual performance review to ensure that the student is progressing towards achieving pre-determined goals.

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

Based on the foregoing, Amazon respectfully submits that the above-stated position at Amazon is commensurate with the student's degree level and STEM field. In connection with the role, the student will apply theoretical knowledge gained during the student's STEM degree program in order to complete assigned projects and meet their stated goals. Accordingly, the student's degree is related to the successful completion of the job duties and responsibilities, as previously noted.

## 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: \_\_\_\_\_

Deepa Remesh, Software Development Manager

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-notices-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 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): \_\_\_\_\_

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): \_\_\_\_\_

### 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): \_\_\_\_\_

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): \_\_\_\_\_