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)

SECTION 1: STUDENT INFORMATION (Completed by Student)					
Student Name (Surname/Primary Name, Given Name):			Student Email Address:		
YOU, JIWEN		JY2725@COLUMB			
Name of School Recommending STEM OPT:	Name of School Where STEM Degree Was Earned:		SEVIS School Code of School Recommending STEM OPT (including a digit suffix):		
COLUMBIA UNVERSITY	COLUMBIA UNIVERSIT	'Y	NYC214F00186000		
Designated School Official (DSO) Name and Contact Information: Stu		ident SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy):		
Jennifer Soler, Columbia University			From: 11/18/2017		
ISSO,524 Riverside Dri	· · · · · · · · · · · · · · · · · · ·		013378503	To: <u>11/17/2019</u>	
Qualifying Major and Classification of	Instructional Programs (CIP) Co	ode:	27.0501		
Level/Type of Qualifying Degree: MA	STER'S				
Date Awarded (mm-dd-yyyy): 02/0	8/2017				
Based on Prior Degree?	X No				
Employment Authorization Number:	111641100				
I declare and affirm under penalty of information and belief. I understand to any false document in the submission	perjury that the statements and li hat the law provides severe pena	nform	NT CERTIFICATION nation made herein are to for knowingly and willful	rue and correct to the best of my knowledge, ly falsifying or concealing a material fact, or using	
I certify that:					
I have reviewed,understand,an	nd will adhere to this Training Pla	n for	STEM OPT Students ("I	Plan");	
I will notify the DSO at the earl delineated on this Plan;	iest available opportunity if I belie	eve tl	hat my employer is not p	roviding me with appropriate training as	
				ate the STEM OPT of students whom DHS students who are not, or whose employers are	
4. My practical training opportunit	y is directly related to the STEM	degr	ee that qualifies me for t	he STEM OPT extension; and	
limited to, any change of Emplo from the amount previously sul	oyer Identification Number resulti brnitted on the Plan that is not tie	ing fr ed to	om a corporate restructe a reduction in hours wor	r deviations from this Plan, including but not uring, any nontrivial reduction in compensation ked, any significant decrease in hours per week -per-week minimum required under this rule.	
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Signature of Student:	sinen for	<u>り</u>			
Printed Name of Student: JIWEN	YOU			Date (mm-dd-yyyy): 08/03/2017	

Employer Name:		Street Address:	Suit	Suite:	
IRI		150 N Clinton			
Employer Website URL:		City: St		ZIP Code:	
www.iriworldwide.com		Chicago	IL_	60601	
Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification	System (NAICS) Code:	
36-2947987	1,760	541910			
OPT Hours Per Week (must be at least 20 hours/week): 40.00 Start Date of Employment (mm-dd-yyyy): 02/06/2017	_	requency: \$67,000 annually (p	aid bi-wee	≘kly)	

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

any false document in the submission of this form.

- 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: Jacqueline A Koustrup, HR-VicePresident
Date (mm-dd-yyyy): 8 3 3017 Printed Name of Employing Organization:

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)

Student Name (Sumame/Primary Name, Given Name):

YOU, JIWEN

Employer Name:

Information Resources, Inc. (IRI)

Gail.Daily@IRIworldwide.com

EMPLOYER SITE INFORMATION				
Site Name:	Site Address (Street, City, State, ZIP):			
Information Resources, Inc. (IRI)	150 North Clinton Street			
Chicago IL	Chicago IL, 60661			
Name of Official:	Official's Title:			
Gail Daily	VP, Data Science			
Official's Email:	Official's Phone Number:			

(312) 474-3964

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.

· Perform statistical studies by following established procedures · Provide accurate and timely data analysis and methodology support . Assist in the design and execution of customized studies to update, improve and enhance procedures . Develop, update and maintain software and databases . Document research approach, findings and resulting processes/procedures • Stay abreast of new statistical research /programming developments and pursue internal applications . Identify data, program, or methodological issues and propose and implement solutions . Work with other internal groups and off shore resources to execute project tasks

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.

- · Support senior staff in providing statistical support and maintenance for existing statistical models and services via action appropriate for issues
- · Support senior staff in development of strategy and tools to enhance model excellence
- · Develop subject matter expertise for Convenience related tasks and deliverables
- · Assist in new statistical model development to support enhancements and/or new channel expansion

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.

- 6 month training program
- · Assigned mentor
- · Weekly status meetings
- · Monthly team meetings

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.

Formal review process and informal status updates

- · Response time and action appropriate for issue and in accordance with established SLAs
- · Timely and accurate deliverables in adherence to project plans
- · Mastery of methodology and processes
- · Creativity and forward thinking measured through generation of innovative alternatives and approaches to enhanced methodology and processes

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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 knowledge and willfully faisifying or concealing a material fact, or using

Employer Official with Signatory Authority - I certify that:

any false document in the submission of this form.

- 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:

Printed Name and Title of Employer Official with Signatory Authority: Gail Daily, VP Data Science

Date (mm-dd-yyyy): 08/03/2017

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.

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