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

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

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:
SANDEEP KUMAR BACHALA		sbachala001@my.wilmu.edu
Name of School Recommending STEM OPT:	Name of School Where STEM Degree Was Earned:	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):
WILMINGTON UNIVERSITY	WILMINGTON UNIVERSITY	PHI214F00138000

Designated School Official (DSO) Name and Contact Information:	Student SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy):
Juanita Barr, juanita.a.barr@wilmu.edu 320 N. Dupont Highway, New Castle,DE-197	N0015462244	From: 10/01/2018 To: 09/30/2020

Qualifying Major and Classification of Instructional Programs (CIP) Code: Computer & Information Systems and 11.1003

Level/Type of Qualifying Degree: MASTERS

Date Awarded (mm-dd-yyyy): 01/28/2018

Based on Prior Degree? ☐ Yes ☒ No

Employment Authorization Number: 114692349

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,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: B. Sandeep

Printed Name of Student: SANDEEP KUMAR BACHALA Date (mm-dd-yyyy): 03/12/2019

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name:	Street Address:	Suite:
Sygntech Systems Inc	1422 W Main Street	206

Employer Website URL:	City:	State:	ZIP Code:
http://www.sygntech.com	Lewisville	TX	75067

Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code:
47-2605807	35	541511

OPT Hours Per Week (must be at least 20 hours/week):
40.00

Start Date of Employment (mm-dd-yyyy):
09/25/2017

Compensation:

A. Salary Amount and Frequency: $60,000 per annum

B. Other Compensation (Type and Estimated Amount or Value):

1. _____
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: G Jain Mary

Printed Name and Title of Employer Official with Signatory Authority: Jain Mary Ganji (Manager)

Date (mm-dd-yyyy): 03/12/2019 Printed Name of Employing Organization: Sygntech Systems Inc

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

Student Name *(Surname/Primary Name, Given Name)*:
SANDEEP KUMAR BACHALA

Employer Name:
Sygntech Systems Inc

EMPLOYER SITE INFORMATION

Site Name:	Site Address (Street, City, State, ZIP):
Sygntech Systems Inc	22265 Pacific Blvd, Sterling, VA 20166
Name of Official: Jain Mary Ganji	Official's Title: Supervisor
Official's Email: hr@sygntech.com	Official's Phone Number: +1 (972) 200-4242

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.

SANDEEP KUMAR BACHALA role at Sygntech Systems Inc is to work as a JAVA developer. This role includes Application development and Production support. Among other responsibilities, SANDEEP KUMAR BACHALA must create reusable Java applications using RESTful Web services, SOAP Web services, MicroServices using Java 8, Spring, Spring Boot, Hibernate, AWS Lambda, API Gateway. This role is directly related to his STEM degree Computer & Information Systems in that it is a practical real-world application where he can use his theoretical knowledge which were studied. The role requires knowledge across Database Management, Software security and Software development.

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.

SANDEEP KUMAR BACHALA's objective is to master the software development in java, and the tools like Eclipse, GOCD, Jenkins, AWS that use in developing an application. The student is assigned to a project where he can apply the knowledge acquired as part of his Master's program and the additional training he was given to solve the real-world problems faced in a production environment. His understanding is vastly improved and expanded with developing an stand alone applications in spring boot, and also writing unit test cases to improve code coverage and maintain the code quality.

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.

The student is assigned with a supervisor to monitor his progress throughout the project duration. The student reports on the tasks assigned and their status which is reviewed weekly by the supervisor. The format of this oversight is regular SCRUM calls where new assignments are made, past assignments are assessed and assignments which may be stuck are mentored to encourage the student to find a solution

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.

The employer measures the effectiveness of SANDEEP KUMAR BACHALA's progress in two ways
1) With the regular SCRUM meetings described above
2) With reviews which occur informally on a quarterly basis with the supervisor, and annually with the supervisor using feedback from the business users who are the recipients of SANDEEP KUMAR BACHALA's work products.
SANDEEP KUMAR BACHALA is assigned as a team member in multi-objective project and its success is also assessed on a regular basis

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, 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: G. Jain Mary

Printed Name and Title of Employer Official with Signatory Authority: Jain Mary Ganji (Manager)

Date (mm-dd-yyyy): 03/12/2019

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): _____