

Sample of I-983 Training Plan for STEM OPT Students (Page 1 only)

Use this sample form as a guide when filling out your application. Hover or click the icon (?) for more details. This is a sample for page one only.

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): Doe, Jane		Student Email Address: email@columbia.edu	
Name of School Recommending STEM OPT: Columbia University	Name of School Where STEM Degree Was Earned: Columbia University, or other university	SEVIS School Code of School Recommendation (including 3-digit suffix): NYC214F00186000 ISSO-CUIMC Students: NYC214F00186002	

ISSO Morningside: Jennifer Soler Columbia University ISSO 524 Riverside Drive New York, NY 10027 js33@columbia.edu 212-854-6261 ISSO-CUIMC: Gwyneth A. Smith Columbia University ISSO-CUIMC 650 West 168th Street 1st Floor, Room 130 New York, NY 10032 gs2258@columbia.edu 212-305-8267	Designated School Official (DSO) Name and Contact Information: Printed on top left of your I-20, the letter N followed by 10 numbers.	Student SEVIS ID No.: N0123456789	STEM OPT Requested Period: From: MM/DD/YYYY To: MM/DD/YYYY The day after your EAD expires. 24 months later.
	and Classification of Instructional Programs (CIP) Code: 12.3456 Qualifying Degree: Bachelor's, Master's, Doctorate (mm-dd-yyyy): MM/DD/YYYY Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Authorization Number: 123456789 This is the USCIS number on your EAD (9 digits).	Your CIP code is printed on your I-20 under Program of Study Major(s) Bachelor's, Master's, or P.h.D., upon which you are basing STEM extension eligibility	

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:  Your signature.

Printed Name of Student: **Jane Doe** Date (mm-dd-yyyy): **MM/DD/YYYY**