


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)

<b>SECTION 1: STUDENT INFORMATION (Completed by Student)</b>			
Student Name (Surname/Primary Name, Given Name): <u>Liu Shunan</u>		Student Email Address: <u>sl4119@columbia.edu</u>	
Name of School Recommending STEM OPT: <u>Columbia University</u>	Name of School Where STEM Degree Was Earned: <u>Columbia University</u>	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <u>NYC214F00186000</u>	
Designated School Official (DSO) Name and Contact Information: <u>Jennifer Solar, Columbia University ISSO</u> <u>524 Riverside Drive, New York, NY 10027</u> <u>JS33@columbia.edu 212-854-6261</u>		Student SEVIS ID No.: <u>N0009251034</u>	STEM OPT Requested Period (mm-dd-yyyy): From: <u>02/07/2019</u> To: <u>02/06/2021</u>
Qualifying Major and Classification of Instructional Programs (CIP) Code: <u>11.0101</u>			
Level/Type of Qualifying Degree: <u>Master's Degree</u>			
Date Awarded (mm-dd-yyyy): <u>12/22/2017</u>			
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Employment Authorization Number: <u>131230481</u>			
<b>SECTION 2: STUDENT CERTIFICATION</b>			
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: <u>Shunan Liu</u>			
Printed Name of Student: <u>Shunan Liu</u>		Date (mm-dd-yyyy): <u>12/27/2018</u>	

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employer Name: Bank of China New York Branch		Street Address: 1045 6th Ave	Suite:
Employer Website URL: <a href="http://www.bankofchina.com/us/en/">http://www.bankofchina.com/us/en/</a>		City: New York	State: NY ZIP Code: 10018
Employer ID Number (EIN): 133090509	Number of Full-Time Employees in U.S.: 500	North American Industry Classification System (NAICS) Code: 522293	
OPT Hours Per Week (must be at least 20 hours/week): 40.00	Compensation:		
Start Date of Employment (mm-dd-yyyy): 02/21/2018	A. Salary Amount and Frequency: 14/hr		
	B. Other Compensation (Type and Estimated Amount or Value):		
	1. 401K		
	2. Health Insurance		
	3.		
	4.		
SECTION 4: EMPLOYER CERTIFICATION			
<p>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.</p>			
<p>I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:</p> <ol style="list-style-type: none"> <li>1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;</li> <li>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;</li> <li>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 (<i>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</i>); and</li> <li>4. I will adhere to all applicable regulatory provisions that govern this program (<i>see 8 CFR Part 214</i>), which include, but are not limited to, the following: <ol style="list-style-type: none"> <li>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;</li> <li>b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;</li> <li>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;</li> <li>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</li> <li>e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.</li> </ol> </li> </ol> <p><b>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.</b></p>			
Signature of Employer Official with Signatory Authority: 			
Printed Name and Title of Employer Official with Signatory Authority: Qian Peng, SVP and Department Head			
Date (mm-dd-yyyy): 12/27/2018 Printed Name of Employing Organization: Bank of China New York Branch			

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name): Shunan Liu	
Employer Name: Bank of China New York Branch	
EMPLOYER SITE INFORMATION	
Site Name:  Bank of China New York Branch	Site Address (Street, City, State, ZIP):  1045 6th Ave, New York, NY 10018
Name of Official: Qian Peng	Official's Title: SVP and Department Head
Official's Email: QPENG@BOCUSA.COM	Official's Phone Number: +1 (212) 308-5342
<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>	
<p><b>Student Role:</b> 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.</p> <p>In this role, the student is responsible for analyzing, monitoring and recalibrating bank wide risk appetite and metrics, ensuring alignment with the bank's business structure, risk profile and suitability for the size and complexity. The student is well qualified for the position being offered to him as he completed a MS degree in Applied Analysis from Columbia University. The student is tasked with performing data analysis and preparing model validation report. He will get practical experience in all areas related to statistics, mathematics and quantitative methods. Additionally, the student will get practical experience in SQL and VBA programming.</p>	
<p><b>Goals and Objectives:</b> 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.</p> <p>The role at Bank of China will help the student achieve his goal of gaining practical experience related to his study in Applied Analysis, Statistics and Mathematics through actual business work. The Student's primary goal is to gain adequate work experience in understanding the financial market and bank's regulatory expectations, and perform risk analysis and bring forth suggestions to bank's business at later stage in his career. The student also aims to develop a variety of skills such as analyze and measure risk by SQL and VBA programming language, design and execute of risk measure methodologies, review and validate risk models using mathematics and statistics knowledge.</p>	
<p><b>Employer Oversight:</b> 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.</p> <p>The employer provides oversight and supervision through close engagement with the student. The student's supervisor works in the same office as the student, and the student is mentored in the daily work as well as some specific projects. The student has regularly scheduled weekly meetings with his direct supervisor. Additionally, the student not only participates in bi-weekly department meetings but is also encouraged to report on his functional area and share progress on the assigned tasks. The employer has established an in-depth training program for all new hires including interns in the department.</p>	
<p><b>Measures and Assessments:</b> 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.</p> <p>The bank assesses the student's performance on an on-going basis through a variety of measures including the periodically feedback on the performance, the successful completion of the business and risk analysis reports, the proactive identification and addressing of issues, the quality and efficiency of the problem solving skills, the business acumen on a given project or task, and also the competency by measuring the student's communication, leadership, planning and organization, efficiency and effectiveness skills and feedback from peers.</p>	

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: \_\_\_\_\_

Printed Name and Title of Employer Official with Signatory Authority: SVP and Department Head

Qian, Peng.

Date (mm-dd-yyyy): 12/27/2018

#### 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): 02/17/2018 To (mm-dd-yyyy): 08/22/2018

I am responsible for analyzing, monitoring and recalibrating the risk appetite and limits, ensuring alignment with the Bank's business structure, risk profile and suitability for the size and complexity of the organization. I am also be responsible for providing insight on the risk exposure and analyzing the potential impact of market-wide risk trends. I get practical experience in all areas related to statistics, mathematics and quantitative methods with a focus on risk measurement research. Additionally, I get practical experience in SQL and VBA programming to manage data and perform quantitative analysis. I was tasked with preparing the stress testing model validation report and analyzing risk appetite to reflect business structure, risk profile, complexity, activities, and size of the Bank.

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

*Shunan Liu*

Printed Name of Student: Shunan Liu

Date (mm-dd-yyyy): 12/27/2018

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

*[Signature]*

Printed Name of Employer Official with Signatory Authority: Qian Peng

Date (mm-dd-yyyy): 12/27/2018

### 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): 08/23/2018 To (mm-dd-yyyy): 12/20/2018

I performed ongoing analysis to capture the Bank's potential liquidity needs, exposures, and specific information related to operational deposit level, funding concentration, contractual maturity mismatch, contingency funding usage and available liquid assets etc. I helped department to build analytical capabilities in data analysis by establishing comprehensive SQL and VBA template to collect data from database and analyze data using quantitative method such as multi-variable regression. I also reviewed and validated liquidity stress testing model and its production process including scenarios and assumptions. I monitored and reviewed liquidity risk data and its attributes using SQL and VBA programming language. Additionally, I pro-actively analyzed the potential impact of market change that may alter the bank's liquidity risk profile.

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

*Shunan Liu*

Printed Name of Student: Shunan Liu

Date (mm-dd-yyyy): 12/27/2018

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

*[Signature]*

Printed Name of Employer Official with Signatory Authority: Qian Peng

Date (mm-dd-yyyy): 12/27/2018