

OPT STEM EXTENSION REQUEST FORM

Please allow five business days for us to process your new I-20.

Today's Date: 12/18/2017

STUDENT INFORMATION

Missouri S&T ID #: 12445116
Last (family) Name: RAVURU
First (given) Name: UMESH
Missouri S&T E-Mail Address: urgd4@mst.edu
Non Missouri S&T E-Mail Address: umeshravuru@gmail.com
Mailing Address: 5245, Natorp Blvd,
Apt 217, Mason, OH, 45040

Phone Number: 573-202-1344

Employer Information

Employer Name: ARKA TECHNOLOGIES INC
Employment Identification Number: 81-4325743
Employment Start Date: 03/06/2017
Employer Mailing Address: 825 BRICKELL BAY DRIVE, Suite - 249
Miami, FL, 33131

Student's Job Title / Position: Software Engineer

Job Description: *Cannot exceed 250 characters* As a Software Engineer, he is responsible for analyzing, developing, maintaining source code for the project and expected to write source code that complies with coding standards and also be responsible for Unit and System Testing, as well as System Documentation.

Supervisors Name: Chaitanya Reddy

Supervisor's E-Mail Address: chaitanya@arkatechinc.com

Supervisor's Telephone Number: 305-814-7024 EXT : 402

Mailing Information

Once we receive this completed form, we will review it and issue a new I-20 for which your extension will be recommended. In order for us to send your I-20 to you, we recommend express mail, however it would be at your own cost. Please fill out our credit card authorization form and return to your international Student Advisor via e-mail or fax.

After you receive your new I-20, you will send the following documents to USCIS:

- A. Copy of new I-20 with extension requested
- B. Form I-765 (attached). For items;
 #11, Which USCIS Office, use: Nebraska Service Center
 Dates, use: the date which you received your Post-Completion OPT approval notice.
 #16, use: (c) (3) (c)
- C. \$410 check made out to Department of Homeland Security
- D. Photocopy of your final transcript
- E. 2 Passport photos
- F. Copy of passport I.D. page, visa, and front and back of I-94 card Copy of current OPT card.

If you live in:

Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming or Commonwealth of the Northern Mariana Islands.

Mail your application to:

USCIS Phoenix Lockbox (For U.S. Postal Service)
USCIS
P.O. Box 21281
Phoenix, AZ 85036

For express mail and courier service:

USCIS
Attn: AOS
1820 E. Skyharbor Circle S
Suite 100
Phoenix, AZ 85034

If you live in:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Maryland, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Oklahoma, Tennessee, Texas, U.S. Virgin Islands, Vermont, Virginia, West Virginia.

Mail your application to:

USCIS Dallas Lockbox (For U.S. Postal Service)
USCIS
PO Box 660867
Dallas, TX 75266

For express mail and courier service:

USCIS
Attn: AOS
2501 S. State Hwy. 121, Business
Suite 400
Lewisville, TX 75067

Student Reminders

The regulation includes specific reporting requirements. Students are required to report changes in employment to their International Student Advisor. SEVP recommends that students report changes within 10 business days of the change to avoid situations where a Department of Homeland Security official may determine the student is out of status. Please e-mail your International Student Advisor with all new or changes in employment information. It is important for you to keep a copy of all reports made to your International Student Advisor.

If your last name starts with: A - ALE, C-J, Q, S	If your last name starts with: ALF - ALQ, K - P, R, T	If your last name starts with: ALR-AZ, U - V, X, Z	If your last name starts with: B	If your last name starts with: W
Please contact Jenell Kamler kamlerj@mst.edu	Please contact Shawna Holle hollesh@mst.edu	Please contact Justina Lewis lewisjus@mst.edu	Please contact Bill Elliott elliottwj@mst.edu	Please contact Gene Beyer beyer@mst.edu

During the 24-month OPT STEM extension, the student must report to his International Student Advisor within 10 days of any change of employment. The International Student Advisor must update SEVIS within 21 days of receiving notification of the change from the student. Students must report the following information:

- A. Employer Name
- B. Employment Address
- C. Employment Start Date
- D. Job Title
- E. Brief job description of how employment relates to field of study.
- F. Supervisor Name
- G. Supervisor Telephone Number
- H. Supervisor Email

The student must also make a "validation report" to the International Student Advisor every six months starting from the date the 24-month extension begins and ending when the student's F-1 status ends or the 24-month OPT extension ends, whichever is first. In addition to the validation report, students must also submit two I-983 evaluation reports to their International Student Advisor within 10 days of completing each one year period of the STEM Extension. Please see page 6 and 7 of your I-983 Training Plan.

According to SEVP's **OPT Policy Guide**; the validation report must include the following information:

- A. Full legal name
- B. SEVIS identification number (if requested by the school)
- C. Current mailing and residential address
- D. Name and address of the current employer
- E. Date the student began working for the current employer
- F. Job Description - how the employment relates to current field of study.
Description cannot exceed 250 characters.

The validation report is due to the International Student Advisor within 10 days of each reporting date. The I-983 training evaluation form is due within 10 days of completing each period of the STEM extension.

Thank you,
Office of International and Cultural Affairs
Missouri University of Science and Technology
(Formerly University of Missouri-Rolla)
320 W 12th Street, 103 Norwood Hall
Rolla, MO 65409
U.S.A

Phone: (573) 341-4208
Fax: (573) 341- 4024



e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145
OMB No. 1615-0109
Expires 09/30/2016

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File (A-File) and Central Index System (CIS), which can be found at www.dhs.gov/privacy]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. **Do not mail your completed Form G-1145 to this address.**

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name RAVURU	Applicant/Petitioner Full First Name UMESH	Applicant/Petitioner Full Middle Name
E-mail Address urgd4@mst.edu	Mobile Phone Number (Text Message) 573-202-1344	

Completing the Form I-983

TRAINING PLAN FOR STEM OPT STUDENTS

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

STEM OPT students and their employers are subject to the terms of the Form I-983, Training Plan for STEM OPT Students, effective as of the start date requested for STEM OPT on the Form I-983.

• Section 1: Student Information (Completed by Student):

- **Student Name:** Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your SEVIS (Student and Exchange Visitor Information System) issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students."
- **Student Email Address:** Enter the email address where you can be contacted.
- **Name of School Recommending STEM OPT:** Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT.
- **Name of School Where STEM Degree Was Earned:** Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.
- **SEVIS School Code of School Recommending STEM OPT:** Enter the SEVIS School code of the school recommending the STEM OPT (including the 3-digit suffix). This would be your current school or school of most recent enrollment.
- **DSO Name and Contact Information:** Enter the full name and contact information, including official address, phone, and email, of the DSO who is recommending this STEM OPT and processed this Form I-983.
- **Student SEVIS ID Number:** Enter your SEVIS identification (ID) number.
- **STEM OPT Requested Period:** Enter the period during which you are requesting to work on STEM OPT (regardless of whether the authorized dates match actual training dates). Note that the STEM OPT extension may not end more than 24 months after the scheduled termination of the student's Employment Authorization Document for the current period of post-completion OPT. For a student on 12-month OPT requesting a STEM OPT extension, the start date should be the day after your current 12-month OPT ends. For a student on 17-month STEM OPT requesting conversion to the terms and conditions of a 24-month STEM OPT extension, the F-1 student and the student's employer will be subject to the terms and conditions of the Form I-983, "Training Plan for STEM OPT Students," as of the date of receipt at U.S. Citizenship and Immigration Services (USCIS) and thus the requested period should identify a start date on or before proper filing at USCIS.
- **Qualifying Major and Classification of Instructional Programs (CIP) Code:** Enter your STEM major that qualifies you for the STEM OPT extension, as well as the degree's (CIP) code. You can find CIP codes on the National Center for Education Statistics website at:

<http://nces.ed.gov/ipeds/cipcode/default.aspx?v=55> or the ICE website at <http://www.ice.gov/sevis>.

- **Level/Type of Qualifying Degree:** Enter the academic level upon which you are basing STEM OPT. (For example, enter Bachelor's, Master's, or Ph.D.)
- **Date Awarded:** Enter the date when the degree, upon which STEM OPT will be based, was awarded.
- **Based on Prior Degree?** Check "Yes" if your STEM OPT participation is based on a previously-obtained STEM degree, and is not the same degree upon which your current post-completion OPT was granted. Check "No" if your STEM OPT participation is based on your most recently obtained degree, and that is the degree upon which your current post-completion OPT is based.
- **Employment Authorization Number:** Enter your "A" number, (which may be found on the Employment Authorization Document).

- **Section 2: Student Certification:**

- **Student Certification:** Review the certification and affirm the statement by signature.

- **Section 3: Employer Information (Completed by Employer):**

- **Employer Name:** Enter your company, university, etc. name.
- **Street Address, Suite, City, State, Zip Code:** Enter the employer or company mailing address.
- **Employer Website URL:** Enter the employer website URL, if available. If no website exists, enter N/A.
- **Employer ID Number (EIN):** Enter the Employer Identification Number (EIN).
- **Number of Full-Time Employees in the United States:** Provide the number of full-time employees in the United States.
- **North American Industry Classification System (NAICS) Code:** Enter the company's NAICS code. (Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.) NAICS codes are accessible at <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>.
- **OPT Training Hours Per Week:** Enter the agreed-upon number of average training hours per week. In order to qualify for STEM OPT, the student must work a minimum of 20 hours per week.
- **Start Date of Employment:** Enter the date when the student will begin the STEM OPT training with the employer.
- **Compensation:** Enter the dollar amount of salary, stipend, and/or other compensation, and the frequency of pay (per hour, per week, bi-weekly, monthly). Other compensation may include housing, tuition waivers, transportation costs, etc. Note: The terms and conditions of a STEM practical training opportunity (including duties, hours, and compensation) must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work at least 20 hours per week while employed.

- **Section 4: Employer Certification:**

- **Employer Certification:** The Employer Official with Signatory Authority, who is an appropriate individual in the employer's organization, who is familiar with the student's goals and performance, and who is an employee who has signatory authority for the employer should review the certification and affirm the statement by signature.
- **Note for Employer Official with Signatory Authority:** The Employer Official with Signatory Authority attestation includes the certification at Section 4 (d) which states "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."
- **Section 5: Training Plan for STEM OPT Students (Completed by Employer):**
In order to better ensure the academic benefit and integrity of the extension, Federal regulations require each STEM OPT student to prepare and execute with *his or her* prospective employer a formal training plan that identifies learning objectives and a plan for achieving those objectives. The STEM OPT student and his or her employer must work together to finalize the plan.
 - **Student Name:** Enter the student's name (Surname/Primary Name, Given Name) exactly as it appears on the student's SEVIS-issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students."
 - **Employer Name:** Enter the employer's name, as it appears in "Section 3: Employer Information."
 - **Site Name:** Enter the employer's site name, which may be the same as employer name in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name of this work site.
 - **Site Address:** Enter the exact address of the work site where the STEM practical training will take place.
 - **Name of Official:** Enter the name of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance. This may or may not be the same Employer Official as in Section 4.
 - **Official's Title:** Enter the title of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
 - **Official's Email:** Enter the email address of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
 - **Official's Phone Number:** Enter the phone number of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
 - **Student Role and the Training Program's Direct Relationship to the Student's Qualifying STEM Degree:** Describe what tasks and assignments the student will carry out during the training and how these relate to the student's STEM degree. The plan must cover a specific span of time, and detail specific goals and objectives.

- **Goals and Objectives:** Describe the specific skills, knowledge, and techniques the student will learn or apply; how the student will achieve the goals set out for his or her training; and the training curriculum including the timeline.
 - **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, a description of this program or policy may suffice to answer the question.
 - **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, a description of this program or policy may suffice to answer the question.
 - **Additional Remarks.** Provide any additional pertinent information.
- **Section 6: Employer Official Certification:**
 - **Certification of Official with Signatory Authority:** *Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer Certification in Section 4.* An employee with signatory authority for the employer should review the certification and affirm the statement by signature. On the material change certification (#4), please note that material changes in the plan can include (but are not limited to) the following: any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Form I-983, "Training Plan for STEM OPT Students," 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.
 - **Evaluation on Student Progress:**
 - Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his or her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.
 - The student submits the first assessment within twelve months and a final evaluation that recaps all the training and knowledge acquired during the complete training period.
 - Enter the range of the student evaluation dates (the timeline for which this evaluation is relevant).
 - The student must sign, print name, and enter date of signature.
 - The Employer Official with Signatory Authority must sign, print name, and enter the date of signature to show concurrence with the assessment information that the student has entered.

**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)

OMB CONTROL NO. 1653-0054
EXPIRATION DATE 03/31/2019

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): RAVURU, UMESH		Student Email Address: URGD4@MST.EDU	
Name of School Recommending STEM OPT: Missouri University of Science and Technology	Name of School Where STEM Degree Was Earned: Missouri University of Science and Technology	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): KAN214F10190000	
Designated School Official (DSO) Name and Contact Information: JUSTINA LEWIS lewisjus@mst.edu 320W, 12th Street, Northwood Hall, Rolla, MO-65409		Student SEVIS ID No.: N0011599527	STEM OPT Requested Period: (mm-dd-yyyy) From: 02-15-2018 To: 02-14-2020
Qualifying Major and Classification of Instructional Programs (CIP) Code: <u>Electrical and Electronics Engineering 14.1001</u>			
Level/Type of Qualifying Degree: <u>Masters</u>			
Date Awarded: (mm-dd-yyyy) <u>12-16-2016</u>			
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Employment Authorization Number: <u>105-445-033</u>			

SECTION 2: STUDENT 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 that:</p> <ol style="list-style-type: none"> 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.
<p>Signature of Student: <u>R. Umesh</u></p>
<p>Printed Name of Student: <u>Umesh Ravuru</u> Date: (mm-dd-yyyy) <u>12-27-2017</u></p>

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name: ARKA TECHNOLOGIES INC		Street Address: 825 BRICKELL BAY DRIVE		Suite: 249	
Employer Website URL: www.arkatechinc.com		City: Miami		State: FL	ZIP Code: 33131
Employer ID Number (EIN): 81-4325743	Number of Full-Time Employees in U.S.: 32	North American Industry Classification System (NAICS) Code: 5416			
OPT Hours Per Week (must be at least 20 hours/week): 40	Compensation: A. Salary Amount and Frequency: \$2000 Bi-weekly				
Start Date of Employment (mm-dd-yyyy): 03-06-2017	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: _____

Printed Name and Title of Employer Official with Signatory Authority: CHAITANYA REDDY, HR MANAGER

Date (mm-dd-yyyy): 12-27-2017 Printed Name of Employing Organization: ARKA TECHNOLOGIES INC

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name): RAVURU, UMESH	
Employer Name: ARKA TECHNOLOGIES INC	
EMPLOYER SITE INFORMATION	
Site Name: ARKA TECHNOLOGIES INC	Site Address (Street, City, State, ZIP): 825 Brickell Bay Drive, Suite #249, Miami, FL-33131
Name of Official: CHAITANYA REDDY	Official's Title: HR MANAGER
Official's Email: CHAITANYA@ARKATECHINC.COM	Official's Phone Number: 305-814-7024
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.	
<p><u>Student Role:</u> 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>The student has qualified with a STEM degree majoring in Computer Science to work with us as a Software Engineer. The student will be responsible for analyzing, designing, implementing the applications, contribute to technical design sessions, Data modelling, business flows, project planning, code review, build, production support, task assignments and delivery and release management. Her skills obtained through her STEM degree are an integral part of the immediate position and will be used in student's everyday tasks. As such, she will apply, expand and enhance her development and testing skills obtained through her STEM degree by applying them directly to her role in immediate position. She will put her extensive coursework and lab experience gained at school during brainstorm sessions to come up with working models and research ideas for different applications.</p>	
<p><u>Goals and Objectives:</u> 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 our company will help the student achieve her goal of gaining practical experience related to her degree through real-world involvement in assisting with the management of the application infrastructure. Her end goal is to become an expert Software Engineer. She will achieve this in a time frame of 18 to 24 Months. Her current training plan that is spread through 24 months is designed to ensure she will be making consistent and upward progress. The plan includes an initial training period of 12 months administered by her supervisor, with subsequent months in real life practice at client sites which will provide her extensive experience enhancing her skills. Her knowledge on subjects such as Advance Operating Systems, Advance Software Engineering and Database Theory and Apps play major role in her current job where she will utilize these skills to code programs on real time systems using programming languages such as Java, J2EE, SOAP UI, REST/HTTP API's, JDBC, SPRING, TOMCAT, ORACLE, JavaScript, HTML, and CSS etc.</p>	
<p><u>Employer Oversight:</u> 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 contact with the student. The student's direct report works closely with the student which facilitates constant communication. The student has regularly scheduled weekly check-in meetings with the Director of IT. Additionally, the student not only participates in the weekly IT Department meeting but is also encouraged to report on his functional area and share perspective on other infrastructural and organizational issues. The student has regular contact with faculty as well as the employer's senior leadership team. The employer does have an in-depth training program for all new hires in the IT Department.</p>	
<p><u>Measures and Assessments:</u> 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 employer assesses the student's performance on an on-going basis through a variety of measures including the successful resolution of outstanding technical issues, the successful completion of projects, the proactive identification and addressing of issues, the quality and efficiency of the resolutions put in place, the reflections on a given project or task, the number of assigned, pending and closed tickets, electronic and oral communication and feedback from peers. The employer will measure student's enhancements and attainment of new skills via weekly status reports and periodic visits conducted by the supervisor. These status reports will assess how much the student gained from their training and applied in her immediate position. The student will also conduct self-evaluation which will be reviewed by the employer, this will help to keep track of all her projects and make sure all her knowledge and skills are put to good use.</p>	

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

The employer has sufficient resources and personnel available to provide appropriate training in connection with this opportunity and is prepared to implement the work-based learning opportunity at the location identified. The student will not replace any full-time or part-time, temporary or permanent, U.S. worker. The duties, hours and compensation associated with the student's position are commensurate with those of employment for other similarly situated U.S. workers in the area of employment.

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:

Chaitanya Reddy

Printed Name and Title of Employer Official with Signatory Authority: CHAITANYA REDDY, HR MANAGER

Date (mm-dd-yyyy): 12-27-2017

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.

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): _____

During this period I was involved to Analyze, Design, develop, implement and write high quality coding for critical applications that meets the business requirements in timely manner. Participated in, and contributed to technical design sessions, Data modeling, business flows, project planning, Code Review, Build, Production support, task assignments and delivery and release management. Provided database support for Distribution Systems and Automation of Deployment efforts, loading of database files. Developed Database design, schema setup and writing stored procedures and providing application based documentation.

In the next phase of my OPT STEM extension, I am targeting to learn more new technologies like AWS, Kafka, Angular 2 and cloud services.

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): _____