

Applying for STEM OPT: Completing Form I-983

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: |
| 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): |
| Designated School Official (DSO) Name and Contact Information: | | Student SEVIS ID No.: |
| | | STEM OPT Requested Period (mm-dd-yyyy): From: _____ To: _____ |
| Qualifying Major and Classification of Instructional Programs (CIP) Code: _____ | | |
| Level/Type of Qualifying Degree: _____ | | |
| Date Awarded (mm-dd-yyyy): _____ | | |
| Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Employment Authorization Number: _____ | | |

SECTION 2: STUDENT CERTIFICATION

I declare and affirm under penalty of perjury that the information and belief I understand to be true and correct in any false document in the submission of this Form I-983, and I am not knowingly making any false statement, or using any false information.

I certify that:

- I have reviewed, understood, and agreed to the terms of this Plan.
- I will notify the DSO at the time of any change in my status as delineated on this Plan.
- I understand that the Department of Homeland Security determines are not engaged in a STEM training opportunity, not complying with this Plan.
- My practical training opportunity is a STEM training opportunity that qualifies me for the STEM OPT extension; and
- I will notify the DSO at the time of any change in my status, 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: _____
Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Choose the OIA advisor you have worked with the most; it doesn't matter who you choose here so long as they are an OIA advisor.

Mark "no" if your STEM eligibility is based on the most recent degree you earned from CMU.

Don't forget to sign, print, and date. **All lines here should be completed.**

CMU school code:
DET214F00296000

Use the STEM OPT date calculator to find your STEM OPT start and end dates.

List Major 1 or Major 2 from your I-20, depending on which is the STEM-qualifying major. Include the 6-digit code as well.

Enter the USCIS # on your EAD card. This should be 9 digits. This is NOT the same of the card # printed on the EAD.

All information for section 3 should be obtained from your employer. All lines here must be completed.

| SECTION 3: EMPLOYER INFORMATION (Completed by Employer) | | | |
|---|---|---|------------------|
| Employer Name: | | Street Address: | |
| Employer Website URL: | | City: | State: ZIP Code: |
| Employer ID Number (EIN): | Number of Full-Time Employees in U.S.: | North American Industry Classification System (NAICS) Code: | |
| OPT Hours Per Week (must be at least 20 hours/week): | Compensation: | | |
| Start Date of Employment (mm-dd-yyyy): | A. Salary Amount and Frequency: _____ | | |
| | 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:

- I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
- 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;
- 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
- 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:
 - 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;
 - The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
 - 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;
 - 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
 - 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: _____

Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: _____

An authorized person from your employer must sign under section 4. This does not have to be your supervisor, but it should be someone from your employer. An employee of your employer's client is likely not acceptable.

| SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer) | |
|--|--|
| Student Name (Surname/Primary Name, Given Name): | |
| Employer Name: | |
| EMPLOYER SITE INFORMATION | |
| Site Name: | Site Address (Street, City, State, ZIP): |
| Name of Official: | Official's Title: |
| Official's Email: | Official's Phone Number: |
| <i>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.</i> | |
| 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. | |
| 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. | |
| 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. | |
| 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 information here should reflect the location where you are working. This may be different than the information on page 2.

Don't forget this top section! It's easy to miss!

All boxes here MUST be completed. Work with your employer to complete this section.

This box is optional and is not required for submission.

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: _____

Date (mm-dd-yyyy): _____

PRIVACY ACT STATEMENT

AUTHORITIES: Illegal Immigration and Naturalization Act (IIRIRA) (Public Law 106-182, 118 Stat. 1462), Section 502(a)(2)(A) and Homeland Security Act of 2002 (Public Law 107-173, 116 Stat. 1601) requested in this form.

PURPOSE: The purpose of this form is to collect information from the employer that Designated Training Opportunities (DTPs) are being provided to the student.

ROUTINE USES: This information is used by the DHS, ICE, and the Student's employer for the purpose of processing the student's application for STEM OPT employment authorization. For more information, visit <https://www.dhs.gov>.

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.

An authorized person from your employer must sign under section 6. This does not have to be your supervisor, but it should be someone from your employer. An employee of your employer's client is likely not acceptable. This can be the same person who signed section 4.

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.

Page 5 should be left blank when first requesting STEM OPT. You will use page 5 to complete your 12-month and 24-month STEM participation reports or if you end employment with this employer before your period of STEM ends. Use the STEM OPT date calculator to figure out when your 12- and 24-month reports are due.

Complete and submit 12 months after your STEM OPT start date. See the information on the website for directions on how to submit. Use the STEM OPT date calculator to find your due date. Reports are due within 10 days of this date.

Complete and submit within 10 days of your STEM OPT end date. See the information on the website for directions on how to submit. Use the STEM OPT date calculator to find your due date.

If you end employment with this employer before your STEM OPT period ends, you must also complete and submit the final evaluation on student progress within 10 days of your end date. See the information on the website for directions on how to submit.

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): _____

ICE Form I-983 (7/16)
Page 5 of 5

IMPORTANT NOTE: 6-month and 18-month participation reports are also required while on STEM OPT, but they do not require submission of an evaluation. See the website for directions on how to complete these participation reports. Use the STEM OPT date calculator to find your due dates. Reports are due within 10 days of each date. These dates will not change, even if you change employers.