Applying for STEM OPT: Completing Form I-983

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.
## SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Website URL:</td>
<td>Suite:</td>
</tr>
<tr>
<td>Employer ID Number (EIN):</td>
<td>City:</td>
</tr>
<tr>
<td>Number of Full-Time Employees in U.S.:</td>
<td>State:</td>
</tr>
<tr>
<td>North American Industry Classification System (NAICS) Code:</td>
<td>ZIP Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPT Hours Per Week must be at least 20 hours/week:</th>
<th>Compensation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date of Employment (mm-dd-yyyy):</td>
<td>A. Salary Amount and Frequency:</td>
</tr>
<tr>
<td></td>
<td>B. Other Compensation (Type and Estimated Amount or Value):</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
</tr>
</tbody>
</table>

## 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 sponsoring 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 increase 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 stating: 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.
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 the student's 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—duties, hours, and compensation—are commensurate with the terms and conditions applicable to the student's similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than 20 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.
   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: ____________________________

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:

Note: For the remaining fields in this section, employers who already have an internal/related 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.

Goals and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives for work-based training related to his 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.

Employee Oversight: Explain how the employer provides oversight and supervision of individuals filling positions such as those 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.

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

Don’t forget this top section! It’s easy to miss!
This box is optional and is not required for submission.

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.
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.

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.