



Form I-983 Guide

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 7/31/2021

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): Surname, Given Name		Student Email Address: Your 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):	
Stevens Institute of Technology	Stevens Institute of Technology	NEW214F01106000	
Designated School Official (DSO) Name and Contact Information:		Student SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy):
DSO Name, iss@stevens.edu, 201-216-5189 1 Castle Point Ter, Hoboken, NJ 07030		NXXXXXXXXXX	From: To:
Qualifying Major and Classification of Instructional Programs (CIP) Code: Major and xx.xxxx			
Level/Type of Qualifying Degree: Example: Bachelor's/Master's/Ph.D			
Date Awarded (mm-dd-yyyy):			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: XXX-XXX-XXX			

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 (Sign in ink): _____

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

You should list "Stevens Institute of Technology" unless you are applying on a previously earned STEM OPT at another credited school.

Please visit our [website](#) to find your immigration advisor (DSO).
This is not your academic advisor!

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.

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.

This ISSS adapted I-983 Guide comes from the [Form I-983 Instructions](#) issued by the Department of Homeland Security (DHS). More information can be found on [Study in the States](#).

Start date should be the day after your current 12-month post-completion OPT expires. **End date** should be 24 months later.

[STEM eligible CIP code](#) (xx.xxxx) is listed on your I-20 under 'Major'

Enter date degree was awarded in MM-DD-YYYY format.

Enter USCIS# found on your EAD card.
The format is XXX-XXX-XXX.

Cannot be an electronic signature. It must be an original signature.

For initial STEM OPT applicants:

This is the start date of your STEM OPT extension, **not** the start date of when you began working for the employer on post-completion OPT.

For students submitting a STEM OPT employment update only:

Actual start date with this employer **if** not at the beginning of your STEM OPT.

Cannot be an electronic signature. It must be an original signature.

The 'Employer Official with Signatory Authority' is an individual in the company, who is familiar with the student's goals and performance.

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):		NAICS Website to obtain the code	
Start Date of Employment (mm-dd-yyyy):		Compensation:	
		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:			
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 (Sign in ink):			
Printed Name and Title of Employer Official with Signatory Authority:			
Date (mm-dd-yyyy): Printed Name of Employing Organization:			

Sections 3 and 4 may be completed **ONLY** by the employer, not by the student.

If the student uses a temporary or staffing agency to place them in a training opportunity, the agency cannot complete and sign the Form I-983 **UNLESS** the staffing agency is an E-verified employer that provides and oversees the actual training.

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 must be commensurate with those applicable to similarly situated U.S. workers, except that STEM OPT participant must work at least 20 hours per week.

Site Name and Site Address:

The employer's site name may be the same as Section 3 on page 2. 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. The address should be where the STEM practical training will take place.

Student Role:

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.

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 the oversight and supervision, a description of this program or policy may suffice to answer the question.

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/pre-existing 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 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.

Official Name, Title, Email, Phone Number:

This should be the individual in the employer's organization who is familiar with, and will monitor, the students' goals and performances. This may or may not be the same Employer Official as in Section 4 on page 2.

Goals and Objectives:

Describe the specific skills, knowledge, and techniques the student will learn or apply; how the student will achieve these goals set out for his or her training; and the training curriculum including the timeline.

Measures and Assessments:

Explain how the employer measures and confirms whether the named F-1 student is 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.

Provide any additional pertinent information.

An employee with signatory authority for the employer should review the certification and affirm the statement by signature.

Cannot be an electronic signature. It must be an original signature.

Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer certification in Section 4 on page 2.

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 (Sign in ink): _____

Printed Name and Title of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____

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-soms>).

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.

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 (EIN) resulting from 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 the 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.

For initial STEM OPT applicants:

Do not complete this page (leave this page blank) when submitting the initial training plan to apply for the STEM Extension I-20.

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 programs. The employer must review and sign the self-evaluation to attest to its accuracy.

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): _____

The student submits to the DSO the first assessment within twelve (12) months that recaps all the STEM extension training and knowledge acquired during the complete training period.

When submitting the [12-month STEM Report](#), this section of the evaluation will be completed and the entire I-983 will be sent to iss.application@stevens.edu.

Signature of Student (Sign in ink): _____

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

Signature of Employer Official with Signatory Authority (Sign in ink): _____

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): _____

The student submits to the DSO the final assessment **at the end of the STEM OPT or at the end of the training opportunity (employment)** with that employer that recaps all the training and knowledge acquired during the complete training period.

When submitting the [24-month STEM Report](#) or reporting a change in employer, this section of the evaluation will be completed and the entire I-983 will be sent to iss.application@stevens.edu.

Signature of Student (Sign in ink): _____

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

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name of Employer Official with Signatory Authority: _____ Date (mm-dd-yyyy): _____

NOTE:

If you are changing employers, you must submit to ISSS the I-983 with the self-evaluation completed for your previous employer, regardless of the amount of time you worked for that employer.

For example, you worked 8 months at company XYZ and now you will go work at company ABC. You will need to submit the entire I-983 with the self-evaluation completed for company XYZ **AND** a new I-983 for company ABC.

Students:

Provide a self-evaluation of your performance then sign in ink, print name, and date.

Employee:

The employee with signatory authority for the employer must sign in ink, print name, and enter the date of signature to show concurrence with the assessment information that the student has entered.