

Sample of I-983 Training Plan for STEM OPT Students

Use this sample form as a guide when filling out your application. For pages 2 - 4, use DHS' line-by-line instructions: <http://bit.ly/i983instruct>. Do not submit page 5 now. You will need to complete and submit it for your 12-month evaluation of your STEM OPT reporting requirements: <http://bit.ly/flstemreporting>.

Enter the Designated School Official (DSO) **name and contact information** for your campus.

For **ISSO Morningside**, enter:

Jennifer Soler
Columbia University ISSO
524 Riverside Drive
New York, NY 10027
js33@columbia.edu
212-854-6261

For **ISSO-CUIMC**, enter:

Gwyneth A. Smith
Columbia University ISSO-CUIMC
650 West 168th Street
1st Floor, Room 130
New York, NY 10032
gs2258@cumc.columbia.edu
212-305-8267

Printed on top left of your I-20, the letter N followed by 10 numbers.


This is the USCIS number on your EAD (9 digits).

Your **ink** signature is **required** and must be in **ink pen**. E-signatures are **not** acceptable.

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

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): Doe, Jane		Student Email Address: email@columbia.edu	
Name of School Recommending STEM OPT: Columbia University	Name of School Where STEM Degree Was Earned: Columbia University, or other university	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):	
	N0123456789	From: MM/DD/YYYY To: MM/DD/YYYY	
Qualifying Major and Classification of Instructional Programs (CIP) Code: Qualifying Major 12.3456			
Level/Type of Qualifying Degree: Bachelor's, Master's, Doctorate			
Date Awarded (mm-dd-yyyy): MM/DD/YYYY			
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Employment Authorization Number: 123456789			
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:			
<ol style="list-style-type: none"> I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan"); 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; 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; My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and 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): 		Date (mm-dd-yyyy): MM/DD/YYYY	
Printed Name of Student: Jane Doe			

Note:

All signatures by you and your employer on the I-983 must be in ink pen. E-signatures are not acceptable.

Do not upload an editable PDF to the ISSO. You must upload a scanned version of the hard copy document.

Enter the SEVIS School Code for your campus.

For **Morningside Students**, enter: NYC214F00186000

For **ISSO-CUIMC Students**, enter: NYC214F00186002

The day after your EAD expires.

24 months later.

Include your major (identified here as Qualifying Major) and your CIP code is printed on your I-20 under Program of Study Major(s).

Bachelor's, Master's, or Ph.D., upon which you are basing STEM extension eligibility.

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name: _____ Street Address: _____ Suite: _____
 City: _____ State: _____ ZIP Code: _____
 Employer Website URL: _____
 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: _____
 A. Salary Amount and Frequency: _____
 B. Other Compensation (Type and Estimated Amount or Value): _____
 Start Date of Employment (mm-dd-yyyy): _____
 1. _____
 2. _____
 3. _____
 4. _____

I declare and affirm information and the any false document
 I certify on behalf of
 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 274.20(f)(1)(3)), and
 4. I will notify the student of any change of status, including if I believe the student is not in compliance with the terms and conditions of the 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: _____

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For page 2, use DHS' line-by-line instructions: <http://bit.ly/i983instruct>.
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SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)

Student Name (Surname/Primary Name, Given Name): _____
 Employer Name: _____
 Site Name: _____ Site Address (Street, City, State, ZIP): _____
 Name of Official: _____ Official's Title: _____
 Official's Email: _____ Official's Phone Number: _____

EMPLOYER SITE INFORMATION

Goals and Objectives: 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.

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.

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For page 3, use DHS' line-by-line instructions: <http://bit.ly/i983instruct>

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 274.20(f)(1)(3)), and
 4. I will notify the student of any change of status, including if I believe the student is not in compliance with the terms and conditions of the 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): _____

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 information, reviewing 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 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.

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For page 4, use DHS' line-by-line instructions: <http://bit.ly/i983instruct>.
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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 (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): _____

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Do not submit page 5 now. You will need to complete and submit it for your 12-month evaluation of your STEM OPT reporting requirements: <http://bit.ly/f1stemreporting>

Note: Do not upload an editable PDF to the ISSO. You must upload a scanned version of the hard copy document.