Columbia | ISSO

International Students & Scholars Office

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: <u>http://bit.ly/i983instruct</u>. 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: <u>http://bit.ly/f1stemreporting</u>.

Enter the Designated School Official (DSO) name and contact information for your campus.	DEPARTMENT OF HOMELAND SECURITY OMB APPROVAL NO. 1653-0054 U.S. Immigration and Customs Enforcement	
For ISSO Morningside , enter: Samantha Lu Columbia University ISSO	TRAINING PLAN FOR STEM OPT STUDENTS Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)	Enter the SEVIS School Code for your campus.
Armstrong Hall,	SECTION 1: STUDENT INFORMATION (Completed by Student)	5
545 W. 112th Street, 4th Floor New York, NY 10025	Student Name (Sumame/Primary Name, Given Name): Student Email Address:	For Morningside Students, enter: NYC214F00186000
sl2769@columbia.edu	Doe, Jane Doe, Jane Comment and France Comment and Comment	NTC214F00186000
212-854-3591	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):	For ISSO-CUIMC Students, enter:
For ISSO-CUIMC , enter:	Columbia University Columbia University, or other university	NYC214F00186002
Gwyneth A. Smith	Designated School Official (DSO) Name and Contact Information: Student SEVIS ID No.: STEM OPT Requested Period (mm-dd-yyyy):	The day after your EAD expires.
Columbia University ISSO-CUIMC	From: MM/DD/YYYY	
650 West 168th Street 1st Floor, Room 130	N0123456789 To: MM/DD/YYYY	24 months later.
New York, NY 10032	Qualifying Major and Classification of Instructional Programs (CIP) Code: Qualifying Major 12.3456	
gs2258@cumc.columbia.edu		Include your major (identified here
212-305-8267	Level/Type of Qualifying Degree: Bachelor's, Master's, Doctorate	as Qualifying Major) and your CIP code is printed on your I-20 under
	Date Awarded (mm-dd-yyyy): MM/DD/YYYY	Program of Study Major(s).
Printed on top left of your I-20, the letter	Based on Prior Degree? Yes 🖌 No	
N followed by 10 numbers.	Employment Authorization Number: 123456789	Bachelor's, Master's, or P.h.D., upor
-		which you are basing STEM exten-
	SECTION 2: STUDENT CERTIFICATION	sion eligibility.
	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.	
This is the USCIS number on your EAD		
(9 digits).	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;	
	 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	
	I will hold you boot at the campoor at the campoor and the point of th	
All signatures must be either electron-	λ γ \sim	
ic signatures using software pro-	Signature of Student (Sign in ink):	
grams or electronically reproduced copies of a signature. Simple typed names or a drawing with a computer	Printed Name of Student: Jane Doe Date (mm-dd-yyyy): MM/DD/YYYY	
mouse are not acceptable.	Note:	
	All signatures must be either electronic signatures using software programs or	
	electronically reproduced copies of a signature. Simple typed names or a draw- ing with a computer mouse are not acceptable.	
	Do not upload an editable PDF to the ISSO. You must upload a scanned version of the hard copy document.	
	ICE Form I-983 (7/16) Page 1 of 5	

SECTION Employer Name:		Breet Address:	Suite:	SECTION 5: Student Name (Sumame/Prima	ary Name, Given Name):	
mployer Website URL:		Sity:	State: ZIP Code:	Employer Name:		
Employer ID Number (EIN):		forth American Industry Classification System	m (NAICS) Code:		EMPLOYER SITE INFORMATION	
	Employees in U.S.:			Site Name:	Site Address (Street, City, State, ZIP):	
PT Hours Per Week (must be at least 20 ours/week):	Compensation: A. Salary Amount and Frequ	NPC/C		Name of Official:	Official's Title:	
tart Date of Employment (mm-dd-yyyy):		e and Estimated Amount or Value):		Official's Email:	Official's Phone Number:	
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	2			details based on that plan.	i in this section, employers who already have an internal/pre-existing training plan in pl	
	4.			through his or her qualifying ST	dent's role with the employer and how that role is directly related to enhancing the student's kn EM degree.	iowedge obtained
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2. I will notify th Employer Ide			d to, any change of viously submitted	learning related to I	page 3, use DHS' line-by-line	alls, or techniques
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4. I will adhere duced co	opies of a s	ignature . Simpl				
a. The stude and the p tuped no	•	rawing with a	OPT extension,	Employer Oversigh named F-1 student		filed by the slease describe.
b. The stude		e not acceptable	eff; the employer is			
d. The stude			ms and conditions			
of the STEM practical training oppo applicable to the employer's similar two similarly situated U.S. weekeer	rtunity—including duties, hours, a ly situated U.S. workers or, if the in the area of employment, the la	nd compensation—are commensurate with t employer does not employ and has not recer ms and conditions of other similarly situated	the terms and conditions ntly employed more than U.S. workers in the area			
of employment; and		ble Federal and State requirements relating				
Note: DHS may, at its discretion, conduct a	a site visit of the employer to e	sure that program requirements are bein	g met, including that the	Measures and Assessments: E: named F-1 student are acquirin measures and assessments, pl	xplain how the employer measures and confirms whether individuals filling positions such as t ig new knowledge and skills. If the employer has a training program or related policy in place t lease describe	that being filled by the that controls such
employer possesses and maintains the ab consistent with this Plan.	ility and resources to provide a	tructured and guided work-based learning	g experiences	measures and assessments, pr		
ignature of Employer Official with Signatory	Authority (Sign in ink):					
Printed Name and Title of Employer Official w	ith Signatory Authority:					
Date (mm-dd-yyyy): P	rinted Name of Employing Organ	zation:				
	nal information pertinent to the P	an	Page 2 of 5	ICE Form 1-983 (7/16) Provide a setlevaluation of you	EVALUATION ON STUDENT PROGRESS	Page 3 (
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