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/f1stemreporting.

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

For **ISSO Morningside**, enter:

Samantha Lu
Columbia University ISSO
Armstrong Hall,
545 W. 112th Street, 4th Floor
New York, NY 10025
sl2769@columbia.edu
212-854-3591

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).

All signatures must be either **electronic signatures using software programs** or **electronically reproduced copies of a signature**. Simple typed names or a drawing with a computer mouse are not acceptable.

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): 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.: N0123456789

STEM OPT Requested Period (mm-dd-yyyy):
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? ☐ Yes ✔ 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:

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: Jane Doe

Date (mm-dd-yyyy): MM/DD/YYYY

Note:

All signatures must be either **electronic signatures using software programs** or **electronically reproduced copies of a signature**. Simple typed names or a drawing 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

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 P.h.D., upon which you are basing STEM extension eligibility.

Employer Name:

Street Address:

Suite:

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:

A. Salary Amount and Frequency: _____

Start Date of Employment (mm-dd-yyyy):

B. Other Compensation (Type and Estimated Amount or Value):

1. _____
2. _____
3. _____
4. _____

For page 2, use DHS' line-by-line instructions: http://bit.ly/i983instruct.

All signatures must be either elec-tronic signatures using software programs or electronically repro-duced copies of a signature. Simple typed names or a drawing with a computer mouse are not acceptable.

I declare and affirm ... knowledge, information and be... any false documen...

I certify on behalf o...

1. I have review...
2. I will notify th... Employer Id... on the Plan ... training opp...
3. Within five b... departure to ... departed wh... training for a...
4. I will adhere ... following:
   a. The stud... and the g...
   b. The stud...
   c. The emp... prepared...
   d. The stud... 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: _____

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.

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

Goals and Objectives ... for work-based learning related to ... ills, or techniques as well as the mea...

Employer Oversight ... filled by the named F-1 stud... 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.

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 t... ity, including if I believe the s...

Signature of Emplo... _____

Printed Name and ... _____

Date (mm-dd-yyyy): _____

For page 4, use DHS' line-by-line instructions: http://bit.ly/i983instruct.

ronic signatures using software pro-grams or electronically reproduced copies of a signature. Simple typed names or a drawing with a computer mouse are not acceptable.

AUTHORITIES: Se... Section 641 of the Illegal Immigration ... at 8 U.S.C. 1372), Section 502 ... 8 U.S.C. 1762) and Homeland Sec... ct the information requested in this fo...

PURPOSE: The inf... OPT) extension so that Designated Sc... optional practical training opportunity...

ROUTINE USES: T... cting as liaisons with the DHS, Fed... to requests on the Student's behalf, ... 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-sorns).

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.

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 Stude... _____

Printed Name of St... _____

Signature of Emplo... _____

Printed Name of E... _____

Provide a self-eval... skills, and competencies ident... tions, etc., during this review p... ill and competency development.

Range of Evaluatio...

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

Signature of Student (Sign in ink): _____ Date (mm-dd-yyyy): _____

Printed Name of Student: _____

Signature of Employer Official with Signatory Authority (Sign in ink): _____ Date (mm-dd-yyyy): _____

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

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