Sample of I-983 Training Plan for STEM OPT Students


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)

SECTION 1: STUDENT INFORMATION (Completed by Student)

Student Name (Surname/Primary Name, Given Name):

Student Email Address:

Name of School Recommending STEM OPT:

Degree Was Earned:

Designated School Official (DSO) Name and Contact Information:

Designated School Official (DSO) Name:

SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):

Student SEVIS ID No.:

Date Awarded (mm-dd-yyyy):

Qualifying Major:

Level/Type of Qualifying Degree:

Employment Authorization Number:

Based on Prior Degree? Yes

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, understood, 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 whose 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 nonreimbursed 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):

MM/DD/YYYY

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.

ICE Form I-983 (7/16)

All signatures must be in ink pen. E-signatures are not acceptable.


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/fstemreporting

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