

# 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:

Noelle Willecke  
Columbia University ISSO  
Armstrong Hall,  
545 W. 112th Street, 4th Floor  
New York, NY 10025  
isso@columbia.edu  
212-853-0478

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

**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"> <li>I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");</li> <li>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;</li> <li>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;</li> <li>My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</li> <li>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.</li> </ol>			
Signature of Student (Sign in ink):		Date (mm-dd-yyyy): MM/DD/YYYY	
Printed Name of Student: Jane Doe			

**Note:**

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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.

