Completing the Form I-983:
Training Plan for STEM OPT Students

Nonimmigrant students participating in the science, technology, engineering and mathematics (STEM) extension of optional practical training (OPT) and their employers are subject to the terms of the Form I-983, "Training Plan for STEM OPT Students," effective as of the start date requested for STEM OPT on the Form I-983.

Note on Acceptable Signatures: Students and employers may physically sign the Form I-983 or input their own electronic signature. SEVP accepts electronic signatures in the following formats:

- Electronic signatures using software programs or applications. Students and employers may sign all signature fields on the Form I-983 using electronic signatures produced with software programs or applications.

- Electronically reproduced copies of a signature. Students and employers may sign all signature fields on the Form I-983 using digitally reproduced copies of a signature. A digitally reproduced copy may be a scanned image of a physical signature.

Section 1: Student Information (Completed by Student)

o **Student Name:** Enter your full name (Surname/Primary Name, Given/First Name) exactly as it appears on your Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status."

o **Student Email Address:** Enter the email address where you can be contacted.

o **Name of School Recommending STEM OPT:** Enter the name of the school where you were most recently enrolled. The designated school official (DSO) at this school will be the official recommending the STEM OPT.

o **Name of School Where STEM Degree Was Earned:** Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT depending on whether you are using a prior STEM degree to qualify.

o **SEVIS School Code of School Recommending STEM OPT:** Enter the Student and Exchange Visitor Information System (SEVIS) school code of the school recommending the STEM OPT (include the three-digit suffix) This will be your current school or the school where you were most recently enrolled.

o **DSO Name and Contact Information:** Enter the full name and contact information, including official address, phone number, and email address, of the DSO who recommended the STEM OPT and issued the Form I-20.

o **Student SEVIS ID Number:** Enter your SEVIS identification (ID) number.

o **STEM OPT Requested Period:** Enter the period during which you are requesting to work on STEM OPT (regardless of whether the authorized dates match the actual training dates). Note that the STEM OPT extension may not end more than 24 months after the scheduled termination of the student's Employment Authorization Document for the current period of post-completion OPT. The start date for the STEM OPT extension should be the day after your current 12-month OPT ends.

o **Qualifying Major and Classification of Instructional Programs (CIP) Code:** Enter your STEM major that qualifies you for the STEM OPT extension, as well as the degree's CIP code. You can find your CIP code on your Form I-20. The DHS STEM Designated Degree list can be found at https://www.ice.gov/sevis/schools.

o **Level/Type of Qualifying Degree:** Enter the academic level of your qualifying STEM degree. (For example, enter bachelor's, master's or doctorate.)

o **Date Awarded:** Enter the date when the qualifying STEM degree was awarded.

o **Based on Prior Degree?** Check "Yes" if your STEM OPT participation is based on a previously obtained STEM degree instead of the degree that is the basis for your current post-completion OPT. Check "No" if your STEM OPT participation is based on the STEM degree that is the basis for your current post-completion OPT.

o **Employment Authorization Number:** Enter your "A" number (this number is listed on your Employment Authorization Document).

Section 2: Student Certification

o **Student Certification:** Review the certification and affirm the statement with your signature. *See Note on Page 1 on acceptable signatures.*

Section 3: Employer Information (Completed by Employer)

o **Employer Name:** Enter the name of the employer (company, university, etc.).

o Street Address, Suite, City, State, Zip Code: Enter the employer's mailing address.

o **Employer Website URL:** Enter the URL of the employer's website, if available. If no website exists, enter N/A.

o **Employer ID Number (EIN):** Enter the Employer Identification Number (EIN).

o **Number of Full-Time Employees in the United States**: Provide the number of full-time employees in the United States.

o **North American Industry Classification System (NAICS) Code:** Enter the employer's NAICS code. (Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.) Information on NAICS codes is available at https://www.census.gov/naics/.

o **OPT Training Hours Per Week:** Enter the agreed-upon number of average training hours per week. In order to qualify for STEM OPT, the student must work a minimum of 20 hours per week.

o **Start Date of Employment:** Enter the date when the student will begin the STEM OPT training with the employer.

o **Compensation:** Enter the dollar amount of salary, stipend and/or other compensation and the frequency of compensation (for example, hourly, weekly, bi-weekly, monthly). Other compensation may include housing, tuition waivers or transportation costs, etc. Note: The terms and conditions of a STEM practical training opportunity (including duties, hours and compensation) must be commensurate with those applicable to similarly situated workers who are U.S. citizens, except that a STEM OPT participant must work at least 20 hours per week while employed.

Section 4: Employer Certification

o **Employer Certification:** The Employer Official with Signatory Authority, who is an appropriate individual in the employer's organization who is familiar with the student's goals and performance and has signatory authority for the employer, should review the certification and affirm the statement with their signature. *See Note on Page 1 on acceptable signatures.*

o **Note for Employer Official with Signatory Authority:** The Employer Official with Signatory Authority attestation includes the certification at Section 4(d), which states "The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions 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."

Section 5: Training Plan for STEM OPT Students (Completed by Student and Employer)

To better ensure the academic benefit and integrity of the STEM OPT extension, Federal regulations require each STEM OPT student to prepare and execute with their prospective employer a formal training plan that identifies learning objectives and a strategy for achieving those objectives. The STEM OPT student and their employer must work together to finalize the plan.

o **Student Name:** Enter the student's name (Surname/Primary Name, Given/First Name) exactly as it appears on the student's Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status."

o **Employer Name:** Enter the employer's name as it appears in "Section 3: Employer Information."

o **Site Name:** Enter the employer's site name, which may be the same as the employer name listed in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the employer's headquarters, provide the name of this work site.

o **Site Address:** Enter the exact address of the work site where the STEM practical training will take place.

o **Name of Official:** Enter the name of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance. This may or may not be the same Employer Official listed in Section 4.

o **Official's Title:** Enter the title of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.

o **Official's Email:** Enter the email address of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.

o **Official's Phone Number:** Enter the phone number of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.

o **Student Role and the Training Program's Direct Relationship to the Student's Qualifying STEM Degree**: Describe what tasks and assignments the student will carry out during the training and how these relate to the student's STEM degree. The plan must cover a specific span of time and detail specific goals and objectives.

o **Goals and Objectives:** Describe the specific skills, knowledge and techniques the student will learn or apply; how the student will achieve the goals set out for their training; and the training curriculum, including the timeline.

o **Employer Oversight:** Explain how the employer provides oversight and supervision of

individuals filling positions such as the one being filled by the named F-1 student. If the employer has a training program or related policy in place that covers such oversight and supervision, a description of this program or policy may suffice to answer the question.

o **Measures and Assessments:** Explain how the employer measures and confirms whether individuals filling positions such as the one 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 covers such measures and assessments, a description of this program or policy may suffice to answer the question.

o **Additional Remarks.** Provide any additional pertinent information.

Section 6: Employer Official Certification

o **Certification of Official with Signatory Authority:** The individual who signs this section may be the same official who signed the Employer Certification in Section 4, or it may be another official. An employee with signatory authority for the employer should review the certification and affirm the statement with their signature. *See Note on Page 1 on acceptable signatures.*

o For the material change certification (Item 4 in Section 6), please note that material changes in the plan can include (but are not limited to) the following: any change of EIN resulting from a corporate restructuring; any reduction in compensation from the amount previously listed on the Form I-983 that is not tied to a reduction in hours worked; any significant decrease in hours per week that a student engages in a STEM training opportunity; and any decrease in hours below the 20-hours-per-week minimum required for STEM OPT.

Evaluation on Student Progress and Final Evaluation on Student Progress

o Student evaluations are a shared responsibility of the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting self-evaluations of their training progress. The employer must review and attest to their accuracy.

o The student must complete the first evaluation within 12 months of their STEM OPT start date and then complete a final evaluation after their STEM OPT ends that recaps all the training and knowledge acquired during the complete training period. The student must submit the 12-month and final evaluations no later than 10 days following the conclusion of the appropriate reporting period. If a training opportunity ends early, the student must submit the final evaluation within 10 days following the conclusion of the training.

o When completing the evaluations, the student must enter the date range covered by each evaluation.

o The student must physically, electronically, or digitally sign the evaluations; print their name; and enter the date of their signature.

o The Employer Official with Signatory Authority must physically, electronically or digitally sign the evaluations; print their name; and enter the date of their signature to show concurrence with the assessment information that the student has entered.