

FOLLOW THIS SAMPLE TO COMPLETE YOUR I-983 STEM OPT TRAINING PLAN

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): Name as it appears on your I-20 Carnegie Mellon University		Student Email Address: _____	
Name of School Recommending STEM OPT: Carnegie Mellon University	Name of School Where STEM Degree Was Earned: _____	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): You can find this information on your I-20, page 1, box 2 "School Information"	
School Official (DSO) Name and Contact Information: OIE Advisor's Name: oie@andrew.cmu.edu/ 412-268-5231 5000 Forbes Ave, Pittsburgh PA 15213		Student SEVIS ID No.: Listed on the top left of your I-20	STEM OPT Requested Period (mm/dd/yyyy) From: _____ To: _____
Major and Classification of Instructional Programs (CIP) Code: Major Name (Found on Diploma) and CIP Code (found on I-20)		Date Awarded (mm-dd-yyyy)(date degree was awarded or anticipated completion date)	
Level of Qualifying Degree: EX: Bachelor's, Master's, PhD		Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Authorization Number: Enter USCIS # found on EAD		Check "Yes" only if your STEM OPT is based on a different degree that you earned prior to your most recent CMU degree. Check "No" if basing STEM OPT off of most recent CMU degree.	
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"> I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Student. I will notify the DSO at the earliest available opportunity if I believe that my employment opportunity is not 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; My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and 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 other material change. 			
Signature of Student (Sign in ink): _____		DON'T FORGET TO SIGN! Ink or verified digital signatures accepted, do not just type name.	
Printed Name of Student: Print your name here _____		Date (mm-dd-yyyy): Date here _____	

Current email address

Day after your current OPT expires

24 months from current OPT expiry date

Click for link to staff page

ALL contact info must be included

Check "Yes" only if your STEM OPT is based on a different degree that you earned prior to your most recent CMU degree. Check "No" if basing STEM OPT off of most recent CMU degree.

List Carnegie Mellon University ONLY if you earned your STEM degree there. Otherwise, list the school that granted your STEM degree.

DON'T FORGET TO SIGN!
Ink or verified digital signatures accepted, do not just type name.

An example of a verified digital signature is a digital signature through the DocuSign or Adobe Software, not just a name typed in plain text.

Section 3 must be completed by your employer!

NOTE: CMU is NOT E-Verified for the purpose of STEM OPT.

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
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:		
Start Date of Employment (mm-dd-yyyy):	A. Salary Amount and Frequency: _____		
	B. Other Compensation (Type and Estimated Amount or Value):		
	1. _____		
	2. _____		
	3. _____		
4. _____			

Start date of your STEM Extension (day after your current OPT expires) OR Actual start date with this employer, whichever is later.

SECTION 4: EMPLOYER CERTIFICATION

I certify under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, and 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 on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any 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 a student engages in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;
3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (Note: business days do not include federal holidays or weekend days; and an employer shall consider a student to have departed when the employer knows the student has left the practical training opportunity, or when the student has not reported for practical training for a period of five consecutive business days without the consent of the employer); and
4. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214), which include, but are not limited to, the following:
 - a. The student's practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension, and the position offered to the student achieves the objectives of his or her participation in this training program;
 - b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
 - c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
 - d. 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; 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 consistent with this Plan.

DON'T FORGET TO HAVE YOUR EMPLOYER SIGN! Ink or verified digital signatures accepted, do not just type name.

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name and Title of Employer Official with Signatory Authority: Signature Authority Printed Name and Title

Date (mm-dd-yyyy): Date here Printed Name of Employing Organization: Print Name of Employing Organization

An example of a verified digital signature is a digital signature through the DocuSign or Adobe Software, not just a name typed in plain text.

The employer that signs the Training Plan must be the same entity that employs the student and provides the practical training experience.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name):	
Employer Name:	<div style="border: 1px solid red; padding: 5px;"> Enter employer's name as it appears in "Section 3: Employer Information" (pg 2) </div>
EMPLOYER SITE INFORMATION	
Site Name:	Site Address (Street, City, State, ZIP):
Name of Official:	Official's Title:
Official's Email:	Official's Phone Number:
<p><i>Note: for the remaining details based on that place</i></p>	<p><i>n place may fill in the</i></p>
<p>Student Role: Describe the student's role through his or her qualifications.</p>	<p>Student's knowledge obtained</p>
<p>Goals and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives for work-based learning related to his or her STEM degree. The description must both specify the student's goals regarding specific knowledge, skills, or techniques as well as the means by which they will be achieved.</p>	
<p>Employer Oversight: Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the named F-1 student. If the employer has a training program or related policy in place that controls such oversight and supervision, please describe.</p>	
<p>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.</p>	

Enter the employer's site name and address, which may be the same as the employer information entered in Section 3. HOWEVER, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide that name and address of the worksite in the "Employer Site Information."

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 the DSO regarding any material changes to or material deviations from this Plan at the earliest available opportunity, including if I believe the student is not receiving appropriate training as delineated in 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): _____

DON'T FORGET TO HAVE YOUR EMPLOYER SIGN! Ink or digital signatures accepted, do not just type name.

An example of a verified digital signature is a digital signature through the DocuSign or Adobe Software, not just a name typed in plain text.

PRIVACY NOTICE: Section 101(a)(15)(F) of the Immigration and Nationality Act (INA), as amended by Section 641 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (Pub. L. 104-271, 110 Stat. 3492) and Section 641 of the INA (8 U.S.C. 1372), Section 502 of the Enhanced Border Security and Visa Entry Reform Act of 2002, Pub. L. 107-173, 116 Stat. 543 (codified at 8 U.S.C. 1762) and Homeland Security Presidential Directive No. 2 (HSPD-2), authorize U.S. Immigration and Customs Enforcement (ICE) to collect the information requested in this form.

PURPOSE: The information collection on this form is used to assist in the administration of the STEM Optional Practical Training (OPT) extension so that Designated School Officials (DSO) can properly recommend the Student for and review and help coordinate his or her STEM optional practical training opportunity.

ROUTINE USES: The information collected on this form may be shared with: the individuals who signed the Plan, relevant DSOs acting as liaisons with the DHS, Federal, State, local, or foreign government entities for law enforcement purposes, Members of Congress in response to requests on the Student's behalf, or as otherwise authorized pursuant to its published Privacy Act system of records notice - 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-sorms>).

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.

Page 5 only needs to be completed 12 months and 24 months AFTER your STEM OPT Start Date

OR

If you leave this employer during STEM OPT.

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 Student (Sign in ink): _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Signature of Employer Official: _____

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

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 Student (Sign in ink): _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority (Sign in ink): _____

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

