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)

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				Iditional-resources/			= al	
Student Name (Surname/Primary	lame, Given N	ame):		Student Email Address	S:			1-1-1-
Mouse, Mickey				mickeymouse@m	ail.c	com		
Name of School Recommending STEM OPT:	Name of S Degree Wa	chool Where STEM as Earned:	I	SEVIS School Code of digit suffix):	f Schoo	Recommending STEM O	PT (including	3-
Illinois State	Illino	is State						
University	Univer			CHI214F107300			From: Day current EA	
Designated School Official (DSO) ISSS Advisor; 309-438 6120; InternationalS	-1931; Cam	pus Box		012345678	From:	OPT Requested Period (12/20/2019 12/19/2021	end date To: 24 mol later	
Qualifying Major and Classificatior	of Instructional	Programs (CIP) Co	ode:	Industrial Tecl	hnolc	gy/Technician,	15.0612	
Students should	laster's							
information exactly as appears above.	14/2018 No 123-456-	for a non-	ey a -STE base	s will select "No", re currently on OPT M degree and ed upon a previously I degree		Name of major and CIP code can be found on page 1 of your I-20 (listed as 'major")		
namo	¥ found or	SECTION 2: ST		NT CERTIFICATION	ue and	correct to the best of my k	nowledge	
information and belief. I understan any false document in the submiss	that the law pr	ovides severe pena	alties	for knowingly and willfull	y falsify	ing or concealing a materi	al fact, or usin	ng
 I certify that: I have reviewed, understand I will notify the DSO at the e delineated on this Plan; I understand that the Depart determines are not engaging not, complying with this Plar 	and will adhere rliest available nent of Homela in OPT in com	to this Training Pla opportunity if I belia and Security (DHS)	eve th may	nat my employer is not p deny, revoke, or termina	roviding te the S	TEM OPT of students who	om DHS	
4. My practical training opportu	nity is directly r	elated to the STEM	degr	ee that qualifies me for t	he STEI	M OPT extension; and		
 I will notify the DSO at the elimited to, any change of Emfrom the amount previously that I engage in a STEM trai Signature of Student: 	bloyer Identification ubmitted on the	ation Number result e Plan that is not tie , and any decrease Signatures car electronic, the	ing fr d to a in he n be y mu	om a corporate restructu a reduction in hours work	ring, an ked, any <u>per-wee</u> c. If d with	y nontrivial reduction in co significant decrease in ho	mpensation ours per week	¢
Printed Name of Student: Micke	y Mouse		Doc	uSign) or be a digita		te (mm-dd-yyyy): 09/2	5/2019	_

This should match the listed on the student's						
the company's name a						
E-Verify system.		YER INFORM		ted by Employer)		
Employer Name:			Street Address: 123 Main S	Employer's con	npany ^{Suite}	:
Walt Disney Corporate			City:	St. address	⊥ State:	ZIP Code:
	nter "N/A" if emp ebsite.	loyer has no	Orlando		FL	41231
Employer ID Number (EIN):			North American	Industry Classification Syst	tem (NAICS)	Code:
		es in U.S.:	100456	6 digit code accessible	e at: https:/	//
98-7654321 OPT Hours Per Week (must be at leas	1,000 st 20 Compen		123456 ->	www.census.gov/naic	.s/	
hours/week):						
40.00			quency: \$65,00			
Start Date of Employment (mm-dd-yyy	ry): B. Othe	r Compensation (1	ype and Estimated	d Amount or Value):		
12/20/2019	1.	V				
		xamples of oth				
This is the date the student will b		ompensation in ransportation, e				
STEM OPT training (the day afte						
end date of the student's Post- Completion OPT EAD card)	7					
	SECTI	ON 4: EMPLOY	ER CERTIFICAT	ΓΙΟΝ		
I declare and affirm under penalty of penalty of penalty of penalty of penalty any false document in the submission	at the law pr comp		d retain copy of t 3, which contain prmation.			
I certify on behalf of the employer that				proved and that:		
1. I have reviewed and understand	-					
 I will notify the DSO at the earlie Employer Identification Number on the Plan that is not tied to a r training opportunity, and any der 	resulting from a cor eduction in hours w	porate restructurir orked, any signific	ng, any reduction in ant decrease in ho	n compensation from the ar ours per week that a studen	mount previou	usly submitted
 Within five business days of the departure to the DSO (<i>Note</i>: bus departed when the employer known training for a period of five conservation 	siness days do not i ows the student has	nclude federal holi left the practical t	idays or weekend or raining opportunity	days; and an employer sha /, or when the student has r	Il consider a	student to have
 I will adhere to all applicable reg following: 	ulatory provisions t	nat govern this pro	ogram (see 8 CFR	Part 214), which include, b	ut are not lim	ited to, the
a. The student's practical trainin and the position offered to th	ne student achieves	the objectives of h	nis or her participat	tion in this training program	1;	T extension,
b. The student will receive on-s		0,				
c. The employer has sufficient r prepared to implement that p	program, including a	t the location(s) id	entified in this Plan	n;		
d. The student on a STEM OPT of the STEM practical trainin applicable to the employer's two similarly situated U.S. w	g opportunity—inclu similarly situated U orkers in the area o	iding duties, hours .S. workers or, if th f employment, the	s, and compensation the employer does r	on—are commensurate with not employ and has not rec	h the terms a cently employ	ind conditions red more than
Original signature of an ap within the student's organi familiar with their goals an	zation who is		icable Federal and	d State requirements relatin	ig to employn	nent.
Note: I and who is an employee v emplo authority for the employer.	vith signature			gram requirements are be guided work-based learni		
			Sig	natures can be physica	al or electro	nic. If
Signature of Employer Official with Sig	natory Authority:	Donald	soft	ctronic, they must eithe tware programs or appl	lications (su	uch as
Printed Name and Title of Employer Of	fficial with Signatory	Authority: Dona		bbe Sign or DocuSign) roduced copy of a sign		itally
Date (mm-dd-yyyy): 09/25/2019	Printed Name	of Employing Org	anization: Walt	Disney Corporat	2e	

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Occurrent Burning Fields of the student set of	SECTION 5: TRAINING	must be the same ent	ity that e	employs the student	itudent and Employer)	
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Site Name: Site A working at a branch/subsidiary, or any other location, provide the name and address of this work site. 123 Broadway, San Jose, California, 94088 All 23 Broadway, San Jose, California, 94088 All 24 Broadway, San Jose, California, 94088 Conald duck Conald duck Denaing Officials Time: Conficials Email: Conficials Enviro: Please review the STEM OPT Employer Requirements and Responsibilities on the USCIS website. Per Student Role: Description of Net: For full details social on the form 1-983 itself. It is not acceptable to enter "See attached". Note: As the STEM Training Plan has not yet begun at the time of application, this section Should be written in future tense. **For full details on how to complete Section 5, refer to the Study in the States website at: https://studyinthestates.dhs.gov/stem-opt-hub/additional-resources/form-i-983-overview.** there STEM degree will be colected. Responses that do not include specific learning objectives/goals for the student ADV a description of how those opais will be achieved will be rejected. Measures and Assessments; Explain how the employer measures and confirms whether individuals filling positions such as that being filed by the named F-1 student. If the employer measures and confirms whether individuals filling positions such as that being filed by the named F-1 student. If the employer measures and confirms whether individuals filling positions such as that being filed by the named F-1 student. If the employer dust adverted poly in place that controls such measure and assessments; Explain how the employer measures and confirms whether individuals filling posi	Walt Disney Corporate		1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 -	training will take plac	e which may be the same as	-
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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 Signatures can be physical or electronic. If Donald electronic, they must either be produced with Duck Signature of Employer Official with Signatory Authority: software programs or applications (such as Adobe Sign or DocuSign) or be a digitally Printed Name and Title of Employer Official with Signatory Authority: Donald reproduced copy of a signature. Date (mm-dd-yyyy): 09/25/2019 **PRIVACY ACT STATEMENT** AUTHORITIES: Section 101(a)(15)(F) of the Immigration and Nationality Act of 1952, as amended (INA), 8 U.S.C. 1101(a)(15)(F), Section 641 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, Div. C, 110 Stat. 3009-546 (codified at 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-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
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Range of Evaluation Dates: From	(mm-dd-yyyy): 12/20/2019 To (mm-dd-yyyy): 12/19/2020
	This space is for your 12 month self-evaluation which should not be completed or signed until the appropriate time.
	Refer to the below link for further details: https://internationalstudies.illinoisstate.edu/students- scholars/employment/f-j-students/f-1-stem/#tabs- accord5
Signature of Student:	
Printed Name of Student:	Date (mm-dd-yyyy):
Signature of Employer Official with	
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