


**TRAINING PLAN FOR STEM OPT STUDENTS**

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

**\*\*For full details on how to complete Form I-983, please refer to the Study in the States website at <https://studyinthestates.dhs.gov/stem-opt-hub/additional-resources/form-i-983-overview>\*\***

Student Name (Surname/Primary Name, Given Name): Mouse, Mickey		Student Email Address: mickeymouse@mail.com
Name of School Recommending STEM OPT: Illinois State University	Name of School Where STEM Degree Was Earned: Illinois State University	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): CHI214F10730000
Designated School Official (DSO) Name and Contact Information: ISSS Advisor; 309-438-1931; Campus Box 6120; InternationalStudents@ilstu.edu	Student SEVIS ID No.: N0012345678	STEM OPT Requested Period (From: 12/20/2019 To: 12/19/2021)
Qualifying Major and Classification of Instructional Programs (CIP) Code: Industrial Technology/Technician, 15.0612		
Degree: Master's		
Date: 12/14/2018		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number: 123-456-789		
<b>SECTION 2: STUDENT CERTIFICATION</b>		
I declare and affirm under penalty of perjury that the 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>1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");</li> <li>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;</li> <li>3. 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>4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</li> <li>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 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: 	USCIS # found on current EAD card	
Printed Name of Student: Mickey Mouse	Date (mm-dd-yyyy): 09/25/2019	

Students should enter DSO information exactly as appears above. Do Not enter a specific advisor's name.

Most students will select "No", unless they are currently on OPT for a non-STEM degree and applying based upon a previously earned STEM degree

Name of major and CIP code can be found on page 1 of your I-20 (listed as "major")

From: Day after current EAD end date To: 24 months later

Signatures can be physical or electronic. If electronic, they must either be produced with software programs or applications (such as Adobe Sign or DocuSign) or be a digitally reproduced copy of a signature.

This should match the employer name listed on the student's I-765 and how the company's name appears in the E-Verify system.

EMPLOYER INFORMATION (Completed by Employer)

Employer Name: Walt Disney Corporate	Street Address: 123 Main St.	Suite: 1
Employer Website URL: www.waltdisney.com	City: Orlando	State: FL
Employer ID Number (EIN): 98-7654321	Employees in U.S.: 1,000	ZIP Code: 41231
OPT Hours Per Week (must be at least 20 hours/week): 40.00	North American Industry Classification System (NAICS) Code: 123456	
Start Date of Employment (mm-dd-yyyy): 12/20/2019	A. Salary Amount and Frequency: \$65,000 annually	
	B. Other Compensation (Type and Estimated Amount or Value):	
	1. _____	
	2. _____	
	3. _____	
	4. _____	

Employer's company address

Enter "N/A" if employer has no website.

6 digit code accessible at: <https://www.census.gov/naics/>

Examples of other compensation include housing, transportation, etc.

This is the date the student will begin STEM OPT training (the day after the end date of the student's Post-Completion OPT EAD card)

SECTION 4: EMPLOYER CERTIFICATION

I declare and affirm under penalty of perjury that the information and belief. I understand that the law prohibits me from knowingly falsifying or concealing a material fact, or using any false document in the submission of this form.

The employer should retain copy of the completed Form-I983, which contains the DSO contact information.

I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

- I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
- 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;
- 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
- 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:
  - 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;
  - The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
  - 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;
  - 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

Original signature of an appropriate individual within the student's organization who is familiar with their goals and performance, and who is an employee with signature authority for the employer.

is with all applicable Federal and State requirements relating to employment.

Note: The employer to ensure that program requirements are being met, including that the employer provides structured and guided work-based learning experiences consistent with this Plan.

Signatures can be physical or electronic. If electronic, they must either be produced with software programs or applications (such as Adobe Sign or DocuSign) or be a digitally reproduced copy of a signature.

Signature of Employer Official with Signatory Authority: Donald Duck

Printed Name and Title of Employer Official with Signatory Authority: Donald Duck,

Date (mm-dd-yyyy): 09/25/2019 Printed Name of Employing Organization: Walt Disney Corporate

SECTION 5: TRAINING		Student and Employer)
Student Name (Surname/Primary Name, Given Name) Mouse, Mickey		
Employer Name: Walt Disney Corporate		
EMPLOYER SITE INFORMATION		
Site Name: Disney Land	Site Address: 123 Broadway, San Jose, California, 94088	
Name of Official: Donald Duck	Official's Title: Senior Software Engineer	
Official's Email: donald.duck@email.com	Official's Phone Number: +1 (999) 999-9999	
<p><b>Note: for the remaining fields in this section, please provide details based on that plan.</b></p> <p><b>Student Role:</b> Describe the student's role through his or her qualifying STEM degree.</p>		
<p>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><b>Employer Oversight:</b> 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><b>Measures and Assessments:</b> 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 name, as it appears in Section 3.  
NOTE: The employer who signs the Training Plan must be the same entity that employs the student and provides the practical training experience (per DHS Docket No. ICEB-2015-0002)

Enter the work site name and address where the STEM training will take place, which may be the same as employer information in Section 3. If the student is working at a branch/subsidiary, or any other location, provide the name and address of this work site.

Please review the STEM OPT Employer Requirements and Responsibilities on the USCIS website. Per SEVP guidance, the official listed in Section 5 will be recorded as the student's supervisor in SEVIS. The supervisor listed cannot be an employee of the employer's client/customer.

Responses that do not include the student's job title, a description of the student's role, the name of the student's STEM degree, and an explanation of the relationship between the student's role and their STEM degree will be rejected.

The remaining fields in Section 5 must be completed on the Form I-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>.\*\***

Responses that do not include specific learning objectives/goals for the student AND a description of how those goals will be achieved will be rejected.

Responses that do not include a description of how the employer will provide oversight and supervision will be rejected.

Responses that do not include a description of how knowledge and skills are measured and assessed by the employer (i.e. the performance evaluation process) will be rejected.

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.

Signatures can be physical or electronic. If electronic, they must either be produced with software programs or applications (such as Adobe Sign or DocuSign) or be a digitally reproduced copy of a signature.

Signature of Employer Official with Signatory Authority: Donald Duck

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

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**

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): 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 Signatory Authority: \_\_\_\_\_

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

**FINAL 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): 12/20/2020 To (mm-dd-yyyy): 12/19/2021

This space is for your final 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 Signatory Authority: \_\_\_\_\_

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