

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 5/31/2025

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](#)****

SECTION 1: STUDENT INFORMATION (Completed by Student)

| | | |
|--|--|---|
| 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 |
| Qualifying Major and Classification of Instructional Programs (CIP) Code: Industrial Technology/Technician, 15.0612 | | STEM OPT Requested Period (mm-dd-yyyy): From: 10/15/2024 To: 10/14/2026 |
| Qualifying Degree: Master's (mm-dd-yyyy): 10/12/2023 r Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Authorization Number: 123-456-789 | | |

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

USCIS # found on current EAD card

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:

1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");
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;
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;
4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and
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.

Signature of Student:

Mickey Mouse

Printed Name of Student: **Mickey Mouse**

Date (mm-dd-yyyy): **10/10/2024**

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.

3: 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 | Number of Full-Time Employees in U.S.: 1,000 | ZIP Code: 41231 |
| OPT Hours Per Week (hours/week): 40.00 | North American Industry Classification System (NAICS) Code: 123456 | |
| Start Date of Employment (mm-dd-yyyy): 10/15/2024 | Compensation: A. Salary Amount and Frequency: \$65,000 annually | |
| | B. Other Compensation (Type and Estimated Amount or Value): 1. _____ 2. _____ 3. _____ 4. _____ | |

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) OR the actual start date with this employer, whichever is later.

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

Employer's company address

Your employer and/or Human Resources department should tell you the EIN.

Your company can find this information in their "My Company Profile" in the [e-Verify system](#). Your employer and/or Human Resources department should tell you the NAICS code.

Examples of other compensation include housing, transportation, etc.

SECTION 4: EMPLOYER 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 on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

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

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

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.

Not employed by 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.

Signature of Employer Official with Signatory Authority:

Donald Duck

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.

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

Date (mm-dd-yyyy): **10/10/2024**

Printed Name of Employing Organization: **Walt Disney Corporate**

Under no circumstances is an F-1 student with OPT or a STEM extension qualified to train another F-1 student with a STEM extension.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)

Student Name (Surname/Primary Name, Given Name):

Mouse, Mickey

Employer Name:

Walt Disney Corporate

This should be the address where the student physically works. If the student will work fully remotely, the site address should be the student's home/remote address where remote work will take place.

EMPLOYER SITE INFORMATION

Site Name:

Disney Land

Name of Official:

Donald Duck

Official's Email:

donald.duck@mail.com

Enter the work site name where the STEM training will take place. If the student is working at a branch/subsidiary or any other location, provide the name of this work site. For fully remote work, site name is the employer name.

Site Address (Street, City, State, ZIP):

123 Broadway, San Jose, California, 94088

Official's Title:

Senior Software Engineer

Official's Phone Number:

+1 (999) 999-9999

Note: for the remaining fields in this section, employers who already have details based on that plan.

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

Student Role: Describe the student's role with the employer and how that role is through his or her qualifying STEM degree.

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](#)****

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.

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.

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.

Responses that do not include a description of how the employer will provide oversight and supervision will be rejected. If working fully remotely, this section must detail how the student will be supervised in a fully remote arrangement.

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.

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.

Use this section to report additional information about your work location if you are working remotely or in a hybrid arrangement. Please indicate whether you are fully remote. If you are hybrid, please provide a percentage of hybrid work (i.e. 40% for 2 days per week remote work, etc.)

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:

Donald Duck

Printed Name and Title of Employer Official with Signatory Authority:

Donald Duck, Supervisor

Date (mm-dd-yyyy): 10/10/2024

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.

PRIVACY ACT STATEMENT

AUTHORITIES: Section 101(a)(15)(F) of the Immigration and Nationality Act of 1952, as amended (INA), Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, Div. C, 1 (1372), Section 502 of the Enhanced Border Security and Visa Entry Reform Act of 2002, Pub. L. 107-173 and Homeland Security Presidential Directive No. 2 (HSPD-2), authorize U.S. Immigration and Customs Enforcement to request information requested in this form.

Under no circumstances is an F-1 student with OPT or a STEM extension qualified to train another F-1 student with a STEM extension.

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): _____ To (mm-dd-yyyy): _____

This section is to be completed at the 12-month mark.

When completing this section, make sure to enter accurate dates in the "from" and "to" fields.

"From": the date you started working with the employer during your STEM extension period.

"To": 12 months after the start of your STEM extension, regardless of when you started with your current employer.

Refer to the STEM Extension [12-Month Evaluation on Progress section](#) for further details

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): _____ To (mm-dd-yyyy): _____

This section is to be completed at the 24-month mark **OR** upon ending employment with an employer on STEM.

When completing this section, make sure to enter accurate dates in the "from" and "to" fields.

"From": the date you started working with the employer during your STEM extension period.

"To": the end date of your STEM extension **OR** the date you stopped working for the employer.

Refer to the STEM Extension [Final Evaluation on Progress section](#) for further details

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): _____