

SIUE Office of International Affairs

SAMPLE i-983

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): COUGAR, Eddie		Student Email Address: EddieCougar2010@yahoo.com	
Name of STEM OPT Student: SIUE	Name of School Where STEM Degree Was Earned: SIUE	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): SIUE SEVIS code: CHI214F1060000 CHI214F1060000	
Designated DSO* (Last Name, First Name, and Contact Information): DSO*, 1 Hairpin Drive, Edwardsville, IL 62026, 618-650-3785, iss@siue.edu		Student SEVIS ID No.: N*****	STEM OPT Requested Period (mm-dd-yyyy): From: 06/10/2020 To: 06/09/2022
Qualifying Major and Classification of Instructional Programs (CIP) Code: Computer Science, 11.0701		Located on i-20 under "Major 1"	
Level/Type of Qualifying Degree: Master's	Bachelor's, Master's or PhD/Doctorate		
Date Awarded (mm-dd-yyyy): 05/12/2020	Typically found on your official transcript		
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If you are currently on OPT using a STEM-eligible degree, you should select "No"		
Employment Authorization Number: XXX-XXX-XXX	Enter 9-digit "USCIS#" printed on front of EAD, not "Card#"		
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"> 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 (Sign in ink): <u>Eddie Cougar</u>		May be physically or electronically signed.	
Printed Name of Student: <u>Eddie Cougar</u>		Date (mm-dd-yyyy): <u>03/21/2020</u>	

DISCLAIMER

This document is intended only as an informational sample.

All STEM OPT Extension participants and employers are responsible for verifying their i-983 Training Plan is completed in compliance with the Department of Homeland Security rules & regulations found at <https://studyinthestates.dhs.gov/stem-opt-hub>

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer:

Employer:

Employer:

Employers should refer to the Department of Homeland Security's tutorial for additional guidance on how to properly complete Form i-983:

<https://studyinthestates.dhs.gov/form-i-983-overview>

XX-XXXXXXX

OPT Hours Per Week (must be at least 20 hours/week):

Compensation:

A. Salary Amount and Frequency: _____

Start Date of Employment (mm-dd-yyyy):

06/10/2020

B. Other Compensation (Type and Estimated Amount or Value):

1. _____

The "Start Date of Employment" for STEM OPT is always the date after your 12-month OPT EAD expires. This date should match the "From" date you entered on page 1 of the i-983.

CHANGE OF EMPLOYER

If your STEM OPT Extension period has begun and you are requesting an i-20 due to a change of employer, enter the date you began (or will begin) working for your new company.

I declare and affirm the information and that I am not submitting any false document in the submission of this form.

Signature, or using

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-based learning experiences consistent with this Plan.

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

May be signed physically or electronically.

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

Date (mm-dd-yyyy): _____

Printed Name of Employing Organization: _____

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

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

Employer Name:

Refer to DHS's i-983 tutorial for additional guidance on how to properly complete Form i-983

Site Name:

<https://studyinthestates.dhs.gov/form-i-983-overview>

Name of Official:

Official's Title:

Official's Email:

Official's Phone Number:

Note: for the remaining fields in this section, employers who already have an internal/pre-existing training plan in place may fill in the details based on that plan.

Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her qualifying STEM degree.

*****IMPORTANT*****

Please review the employer reporting requirements and responsibilities required by USCIS at:

<https://studyinthestates.dhs.gov/employers-stem-opt-reporting-requirements>

Goals and Objectives: Describe the student's learning goals and objectives as well as the

work-based techniques

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.

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.

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.

The STEM OPT participant must be a bona fide employee of the employer signing the Training Plan and verify the employer that signs the Training Plan is the same entity that employs the student and provides the practical training experience.

Signature of Employer Official with Signatory Authority (Sign in ink): _____ **May be physically or electronically signed.**

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

Date (mm-dd-yyyy): _____

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

This box is for your "12-Month Self-Evaluation". Leave this section blank for now.
This evaluation is due 12-months after starting your approved STEM OPT Extension period.
Example: If your STEM OPT starts 6/10/2020, this evaluation is due by 6/09/2021

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): _____

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 box is for your "Final Self-Evaluation". Leave this section blank for now.
This evaluation is due at the end of your approved 24-month STEM OPT Extension period.
Example: If your STEM OPT starts 6/10/2020, this evaluation is due by 6/09/2022

CHANGE OF EMPLOYER
If your STEM OPT Extension period has begun and you are requesting an i-20 due to a change of employer, you must complete and submit a "Final Evaluation" for your previous employer, regardless of when your STEM OPT Extension began.

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): _____