

Completing the Form 883

TRAINING PLAN FOR STEM OPT STUDENTS

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

STEM OPT students and their employers are subject to the terms of the Form I-983, Training Plan for STEM OPT Students, effective as of the start date requested for STEM OPT on the Form I-983.

x Section 1: Student Information (Completed by Student):

- o Student Name: Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your SEVIS Student and Exchange Visitor Information System (SEVIS) issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students."
- o Student Email Address: Enter the email address where you can be contacted.
- o Name of School Recommending STEM OPT: Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT.
- o Name of School Where STEM Degree Was Earned: Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.
- o SEVIS School Code of School Recommending STEM OPT: Enter the SEVIS School Code of the school recommending the STEM OPT (including the 3 digit suffix). This would be your current school or school of most recent enrollment.
- o DSO Name and Contact Information: Enter the full name and contact information, including official address, phone, and email, of the DSO who is recommending this STEM OPT and processed this Form I-983.
- o Student SEVIS ID Number: Enter your SEVIS Identification (ID) number.
- o STEM OPT Requested Period: Enter the period during which you are requesting to work on STEM OPT (regardless of whether the authorized dates match actual training dates). Note that the STEM OPT extension may not end more than 24 months after the scheduled termination of the student's Employment Authorization Document for the current period of post completion

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<http://nces.ed.gov/ipeds/cipcode/default.aspx?y=55> the ICE website at
<http://www.ice.gov/sevis>

- o Level/Type of Qualifying Degree: Enter the academic level upon which you are basing STEM OPT. (For example, enter Bachelor's, Master's, or Ph.D.)
- o Date Awarded: Enter the date when the degree, upon which STEM OPT will be based, was awarded.
- o Based on Prior Degree? Yes No

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- o **Employer Certification:** The Employer Official with Signatory Authority, who is an appropriate individual in the employer's organization, who is familiar with the student's goals and performance, and who is an employee who has signatory authority for the employer should review the certification and affirm the statement by signature.
- o *Note for Employer Official with Signatory Authority:* The Employer Official with Signatory Authority attestation includes the certification at Section 4 (d) which states "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."

x **Section 5: Training Plan for STEM OPT Students (Completed by Employer):**

In order to better ensure the student is prepared for the workforce, the employer should provide a training plan for the student. The training plan should include the following information:

- o Goals and Objectives Describe the specific skills, knowledge, and techniques the student will learn or apply; how the student will achieve the goals set out for his or her training; and the training curriculum including the timeline.
 - o Employer Oversight: Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the named F r 1 student. If the employer has a training program or related policy in place that controls such oversight and supervision a description of this program or policy may suffice to answer the question.
 - o Measures and Assessments Explain how the employer measures and confirms whether individuals filling positions such as that being filled by the named F r 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 a description of this program or policy may suffice to answer the question.
 - o Additional Remarks. Provide any additional pertinent information.
- x **Section 6: Employer Official Certification:**
- o Certification of Official with Signatory Authority: *Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer Certification in Section 4.* An employee with signatory authority for the employer should review the certification and affirm the statement by signature. On the material change certification (#4), please note that material changes in the plan can include (but are not limited to) the following: any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Form I r 983, "Training Plan for STEM OPT Students," 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.
- x Evaluation on Student Progress as of 02/01/2021 Education Title: 0007 Tc <0r /C2