Guidelines for Completing Form I-983 for STEM OPT Extension

- Download the most current version of Form I-983 at [https://studyinthestates.dhs.gov/form-i-983-overview](https://studyinthestates.dhs.gov/form-i-983-overview).
- Use the following instructions to assist you and your Employer in completing the Form I-983. An incomplete or incorrect Form I-983 will result in delays in processing your STEM OPT I-20.
- Submit all 5 pages of the Form I-983 with your STEM OPT Packet. Leave Page 5 Evaluation on Student Progress blank. You will submit this at a later time.
- Refer to instructions found the US Department of Homeland Security’s website, Study in the States – STEM Hub: [https://studyinthestates.dhs.gov/stem-opt-hub](https://studyinthestates.dhs.gov/stem-opt-hub) for additional information.

![Form I-983](image)

Based on Prior Degree?

- Check “Yes” if you STEM OPT extension is based on a previously-earned US STEM degree and is not the same degree for which used for your current Post-Completion OPT.
- Check “No” if your STEM OPT extension is based on your most recently attained degree which you used for your current Post-Completion OPT.
Section 2: Student Certification

- Signature required. Do not use a digital signature.
Complete ALL items in Section 3. Do not leave any field blank.

**Start Date of Employment**
- Enter date after current OPT EAD end date.
- Must match “From” date on Page 1, Section 1.

**Employer ID Number (EIN)**
- The Employer Identification Number (EIN) is a 9-digit number assigned to businesses by the Internal Revenue Service (IRS).
- The EIN is formatted ##-########
- This is different from the employer’s E-Verify number.
- **DO NOT ENTER THE E-VERIFY NUMBER.**
Section 4: Employer Certification

- Signature required. Do not use a digital signature.
- Make sure the Employer Official prints Name **AND** Title in space provided.
Complete ALL items in Section 5. Read the question carefully and answer all questions in as much detail as possible. Do not leave any field blank.

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

<table>
<thead>
<tr>
<th>Student Name (Surname/Primary Name, Given Name):</th>
<th>Employer Name:</th>
</tr>
</thead>
</table>

**EMPLOYER SITE INFORMATION**

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Site Address (Street, City, State, ZIP):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Official:</td>
<td>Official’s Title:</td>
</tr>
<tr>
<td>Officials Email:</td>
<td>Official’s Phone Number:</td>
</tr>
</tbody>
</table>

**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.

*Describe what tasks and assignments the student will carry out during the training and how these relate to the student's STEM degree. The plan must cover a specific span of time, and detail specific goals and objectives.*

**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.

*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.*

**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.

*Explain how the employer provides oversight and supervision of the student.*

**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.

*Explain how the employer measures and confirms whether the student is acquiring new knowledge and skills.*
Section 6: Employer Certification

- Signature required. Do not use a digital signature.
- Make sure the Employer Official prints Name **AND** Title in space provided.
Page 5: Evaluation on Student Progress. Leave blank. You will submit this at a later time.