

Guidelines for Completing Form I-983 for STEM OPT Extension

- Download the most current version of Form I-983 at: <https://studyinthestates.dhs.gov/stem-opt-hub/additional-resources/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> for additional information.

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name):		Student Email Address:	
Name of School Recommending STEM OPT:	Name of School Where STEM Degree Was Earned:	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):	
California State University, Fullerton	Cal State Fullerton or name of prior degree university	LOS214F00210000	
Designated School Official (DSO) Name and Contact Information:		Student SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy):
Jean Hotta / iss@fullerton.edu / 657-278-2787		Found on Page 1 of I-20	From: Date after current OPT EAD end date To: 24 months after date above
Qualifying Major and Classification of Instructional Programs (CIP) Code:		STEM Major AND 6-digit code listed on I-20	
Level/Type of Qualifying Degree:		Level of STEM degree (Bachelor’s / Master’s / Doctorate)	
Date Awarded (mm-dd-yyyy):		Date STEM degree was conferred as listed on transcript or diploma	
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number:		9-digit USCIS# found on OPT EAD	

Based on Prior Degree?

- Check “Yes” if your 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

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: _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Section 2: Student Certification

- Wet/pen or electronic signatures are accepted as of 09/18/2023.

Complete ALL items in Section 3. Do not leave any field blank.

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employer Name:		Street Address:	
Employer Website URL:		City:	State: ZIP Code:
Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code:	
OPT Hours Per Week (must be at least 20 hours/week):	Compensation:		
Start Date of Employment (mm-dd-yyyy):	A. Salary Amount and Frequency:		
	B. Other Compensation (Type and Estimated Amount or Value):		
	1.		
	2.		
	3.		
	4.		

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

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:

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: _____

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

Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: _____

Section 4: Employer Certification

- Wet/pen or electronic signatures are accepted as of 09/18/2023.
- 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)	
Student Name (Surname/Primary Name, Given Name):	
Employer Name:	Employer Name must match employer name in Section 3.
EMPLOYER SITE INFORMATION	
Site Name:	Site Address (Street, City, State, ZIP):
If not same as Employer Name, name of site where student will be performing STEM OPT.	Include Street Address <u>AND</u> City, State, ZIP.
Name of Official:	Official's Title:
Official's Email:	Official's Phone Number:
<i>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.</i>	
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 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: _____

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

Date (mm-dd-yyyy): _____

Section 6: Employer Certification

- Wet/pen or electronic signatures are accepted as of 09/18/2023.
- Make sure the Employer Official prints Name **AND** Title in space provided.

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): _____

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): _____

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): _____