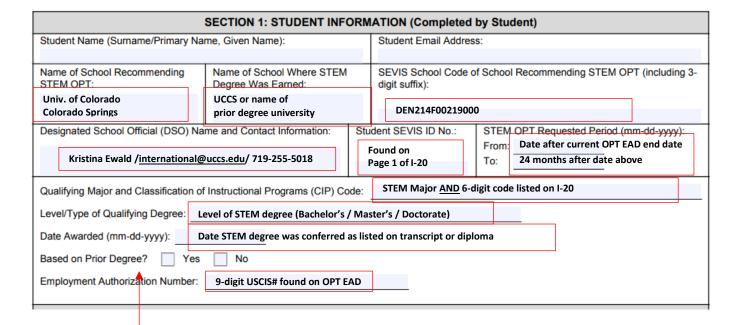
# **I-983 GUIDELINES**

- Download the most current version of Form I-983 at 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. Your STEM I-20 cannot be processed until the I-983 is submitted to International Affairs and approved.
- 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 on the US Department of Homeland Security's website, Study in the States STEM Hub: https://studyinthestates.dhs.gov/form-i-983-overview for additional information.
- Do not handwrite the form. Type all information except signatures.
- For more information, please visit: https://studyinthestates.dhs.gov/students-and-the-form-i-983



# **Based on Prior Degree?**

- Check "Yes" if you STEM OPT extension is based on a previously earned U.S. STEM degree and is not the same degree 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;
- 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 Stu	dent:	Date (mm-dd-yyyy):

# **Section 2: Student Certification**

Signature required. Do not use a digital signature.

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

SECTION	3: EMPLOYER INFORMA	ATION (Completed by Employer)		
Employer Name:		Street Address:	Suite	e:
Employer Website URL:		City:	State:	ZIP Code:
Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification Syst	em (NAICS)	) Code:
OPT Hours Per Week (must be at least 20 hours/week):  Start Date of Employment (mm-dd-yyyy):	Compensation:  A. Salary Amount and Fre	equency:  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.		<ul> <li>Compensation:</li> <li>Provide detailed inform</li> <li>Compensation should be those provided to the estimated workers in the</li> </ul>	e comme mployers	' similarly
	digit number Revenue Ser  The EIN is fo  Note: This is	er Identification Number (EIN) is a 9- r assigned to businesses by the Inter	rify	

### **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 c 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 hav 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.

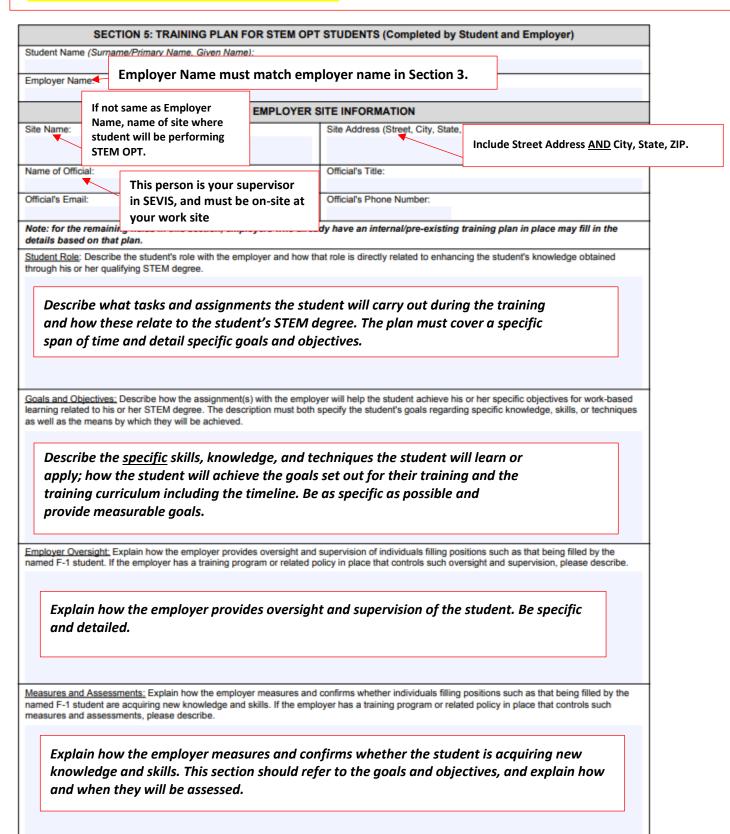
Note: DHS may, at its discretion, conduct a site visit of the employer to ensure that program requirements are being met, including that th employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this Plan.

_	Consistent with this i fall.	
	Signature of Employer Official with Signatory Authority:	Ī
	Printed Name and Title of Employer Official with Signatory Authority:	
I	Date (mm-dd-yyyy): Printed Name of Employing Organization:	T
		╛

# **Section 4: Employer Certification**

- Signature required. Do not use a digital signature.
- Make sure the Employer Official prints Name AND Title in space provided.
- This signature may or may not be the same as the official at your employer site, section 5.

Complete <u>ALL</u>items in Section 5. Read the question carefully and answer all questions in as much detail as possible. <u>Do not leave any field blank.</u>



### **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 m information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a mal 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 opportu believe the student is not receiving appropriate training as delineated in this Plan.

# **Section 6: Employer** Certification

- Signature required. Do not use a digital signature.
- Make sure the Employer Official prints Name **AND** Title in space provided.

Signature of Employer Official with Signatory Authority:	<u> </u>
Printed Name and Title of Employer Official with Signatory Authority:	
Date (mm-dd-yyyy):	

Page 5: Evaluation on **Student Progress. Leave** blank. You will submit this at a later time.

#### **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.

ange of Evaluation Dates: From (mm-dd-yyyy):	To (mm-dd-yyyy):
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har of Charles	
ture of Student:	Date (mm-dd-yyyy):
ature of Employer Official with Signatory Authority:	

#### **FINAL EVALUATION ON STUDENT PROGRESS**

ange of Evaluation Dates:	From (mm-dd-yyyy):	To (mm-dd-yyyy):	
ignature of Student:			
rinted Name of Student:		D.	ate (mm-dd-yyyy):