

I-983 form can be found here: <https://www.ice.gov/doclib/sevis/pdf/i983.pdf>

USCIS Instructions on how to fill out this form can be found here:  
<https://www.ice.gov/doclib/sevis/pdf/i983Instructions.pdf>

DEPARTMENT OF HOMELAND SECURITY  
 U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054  
 EXPIRATION DATE: 5/31/2025

Handwriting in fields that won't let you fill completely is fine.

**TRAINING PLAN FOR STEM OPT STUDENTS**

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

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): <b>Family Name, Given Name Middle Name</b>		Student Email Address: <b>example@utah.edu</b>	
Name of School Recommending STEM OPT: <b>University of Utah</b>	Name of School Where STEM Degree Was Earned: <b>University of Utah</b>	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <b>DEN214F10094000</b>	
Designated School Official (DSO) Name and Contact Information: <b>For DSO name, see your recent I-20 under the School Attestation Box 801-581-8876, international@utah.edu 200 S. Central Campus Dr. RM 410, SLC, UT 84112</b>		Student SEVIS ID No.: <b>(at top left of your I-20) N00XXXXXXX</b>	STEM OPT Requested Period (mm-dd-yyyy): From: <b>MM-DD-YYYY - The day after your current post-comp OPT expires</b> To: <b>MM-DD-YYYY - Calculated as 2 year from the "From Date" above minus 1 day</b>
Qualifying Major and Classification of Instructional Programs (CIP) Code: <b>Major Name AND CIP Code (CIP is next to major on your I-20 Ex. 00.0000)</b>			
Level/Type of Qualifying Degree: <b>Ex.: Bachelor's, Master's, Ph. D.</b>			
Date Awarded (mm-dd-yyyy): <b>MM-DD-YYYY - This can be found on your transcript as "confer date". (Or anticipated completion date if not yet awarded)</b>			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		← <b>This question refers to whether you are applying for the STEM OPT based on your most recent degree earned from U of U (check No) or because of a STEM eligible degree you earned previously (check Yes)</b>	
Employment Authorization Number: <b>Enter USCIS# found on EAD card (9 digits)</b>			
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.			
<b>Your I-983 Training Plan can be either hand signed or we will accept verified electronic signatures. Please see NOTE ON ACCEPTABLE SIGNATURES below.</b>			
Signature of Student: _____		Date (mm-dd-yyyy): <b>MM-DD-YYYY</b>	
Printed Name of Student: <b>Your Name</b>		Date (mm-dd-yyyy): <b>MM-DD-YYYY</b>	

**NOTE ON ACCEPTABLE SIGNATURES:** Students and employers may physically sign the Form I-983 or input their own electronic signature. SEVP accepts electronic signatures in the following formats:

- Electronic signatures using software programs or applications. Students and employers may sign all signature fields on the Form I-983 using electronic signatures produced with software programs or applications.
- Electronically reproduced copies of a signature. Students and employers may sign all signature fields on the Form I-983 using digitally reproduced copies of a signature. A digitally reproduced copy may be a scanned image of a physical signature.
- **ISSS will NOT accept an I-983 where a person's name is simply typed into the signature line.**

## Employer Name

If you are continuing with an OPT employer, please log into your SEVP portal and make sure that the employer's name is the same as your I-983 before submitting the STEM OPT I-20 e-form **or we will have to deny your application.** Please see [SEVIS User Guide - Edit Employer while on Post-Completion OPT](#)

If you are not planning to continue with any of your post-completion OPT employer, you must log into your SEVP portal and report the employment end date before submitting the STEM OPT I-20 e-form **or we will have to deny your application.**

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employer Name: <b>Name of Employer</b>	Street Address: <b>Employer Street Address</b>		Suite: <b>Suite, Bldg., Floor</b>
Employer Website URL: <b>Employer's Website *If no website, write 'N/A'</b>	City: <b>Employer City</b>	State: <b>State</b>	ZIP Code: <b>#####</b>
Employer ID Number (EIN): <b>Employer EIN#-XX-XXXXXXX</b>	Number of Full-Time Employees in U.S.: <b># of FT Employees in US</b>	North American Industry Classification System (NAICS) Code: <b>To look up an NAICS Code go to <a href="https://www.census.gov/naics/">https://www.census.gov/naics/</a></b>	
OPT Hours Per Week (must be at least 20 hours/week): <b>Hours Worked per Week</b>	Compensation:		
Start Date of Employment (mm-dd-yyyy): <b>MM-DD-YYYY</b>	A. Salary Amount and Frequency: <b>\$- Salary</b>		
	B. Other Compensation (Type and Estimated Amount or Value): <b>1. If applicable</b>		

**\*For STEM Extension Request** - If you are continuing with an OPT employer: this should be the date after your 12-month post-completion OPT EAD expires. **This date should match the "From" date you entered on page 1 of the I-983. DO NOT put a date that you started working on regular OPT with the employer!**

**\*\* For STEM employment update** - Ex: changing position or supervisor with the same employer: enter the start date of your STEM OPT

**\*\*\*For Changing employers during STEM OPT:** enter actual start date with new employer

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:	
<ol style="list-style-type: none"> <li>I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;</li> <li>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;</li> <li>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 (<i>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</i>); and</li> <li>I will adhere to all applicable regulatory provisions that govern this program (<i>see 8 CFR Part 214</i>), which include, but are not limited to, the following: <ol style="list-style-type: none"> <li>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;</li> <li>The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;</li> <li>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;</li> <li>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</li> <li>The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.</li> </ol> </li> </ol>	
<b>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.</b>	
Signature of Employer Official with Signature Authority:	<b>Your I-983 Training Plan can be either hand signed or we will accept verified electronic signatures. Please see NOTE ON ACCEPTABLE SIGNATURES on page 1.</b>
Printed Name and Title of Employer Official with Signatory Authority:	<b>Printed Name AND Title of Department Head, Manager or Supervisor</b>
Date (mm-dd-yyyy): <b>MM-DD-YYYY</b>	Printed Name of Employing Organization: <b>Printed Name of Company</b>

- The employer who signs the Training Plan must be the same entity that employs the student and provides the practical training experience.
- Form I-983 instructions says enter the name of the appropriate individual in the employer’s organization who is familiar with, and will monitor, the student’s goals and performance. This may or may not be the same Employer Official as in Section 4.
- Per SEVP guidance, the official listed in Section 5 will be recorded as the student’s supervisor in the SEVIS database. If you put HR or Company Immigration Attorney here as your supervisor, please confirm by using the Additional Comments Box on page 4.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name ( <i>Surname/Primary Name, Given Name</i> ): <b>Your Name</b>	
Employer Name: <b>Employer’s Name as it appears in “Section 3: Employer Information.”</b>	
EMPLOYER SITE INFORMATION	
Site Name: <b>If working for a branch/subsidiary, or anywhere other than the headquarters address provided in Section 3, provide the name of this work site here</b>	Site Address (Street, City, State, ZIP): <b>Enter the exact address of the work site where the STEM practical training will take place</b>
Name of Official: <b>(This could be your department head, manager or supervisor)</b> <b>Official’s Name</b>	Official’s Title: <b>Official’s Title</b>
Official’s Email: <b>Official’s Email</b>	Official’s Phone Number: <b>Official’s Phone number</b>
<b>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.</b>	
<p><b>Student Role:</b> 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.</p> <p><b>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.</b></p>	
<p><b>Goals and Objectives:</b> 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.</p> <p><b>Describe the specific skills, knowledge, and techniques the student will learn or apply; how the student will achieve the goals set out for his/her training; and the training curriculum including the timeline.</b></p>	
<p><b>Employer Oversight:</b> 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.</p> <p><b>Provide answer to question as stated above.</b></p>	
<p><b>Measures and Assessments:</b> 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.</p> <p><b>Provide answer to question as stated above.</b></p>	

Signature of supervisor or official responsible for training. Whoever signs this section must also be the employer official signing any evaluations on page 5.

Additional Remarks (optional): Provide additional information pertinent to the Plan.

Provide any additional pertinent information.

### 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.

Your I-983 Training Plan can be either hand signed or we will accept verified electronic signatures. Please see NOTE ON ACCEPTABLE SIGNATURES on page 1.

Signature of Employer Official with Signature Authority:

Printed Name and Title of Employer Official with Signatory Authority: Printed Name AND Title of Department Head, Manager or Supervisor

Date (mm-dd-yyyy): 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.

If applying for STEM OPT extension I-20, do not fill out page 5!!!

This page can be left blank when you submit your I-983 Training Plan to ISSS to request your STEM OPT extension I-20. Do not fill this page for your regular OPT!

You will need to complete these evaluations annually during your STEM OPT extension period. Please see the STEM OPT Policy Guide for more information.

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): _____	
<b>The first 12-month evaluation while on the 24-month STEM OPT</b>	
<b>Please use this box for 12 Month Annual Self-Evaluation due 12 Months after the STEM OPT start date.</b>	
Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his/her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.	
<b>Must be signed by the person who signed I-983 Section 6</b>	
Signature of Student:	Your I-983 Training Plan can be either hand signed or we will accept verified electronic signatures. Please see NOTE ON ACCEPTABLE SIGNATURES on page 1.
Printed Name of Student: <b>Your Name</b>	Date (mm-dd-yyyy): <b>MM-DD-YYYY</b>
Signature of Employer Official with Signature Authority:	Your I-983 Training Plan can be either hand signed or we will accept verified electronic signatures. Please see NOTE ON ACCEPTABLE SIGNATURES on page 1.
Printed Name of Employer Official with Signatory Authority: <b>Printed Name</b>	Date (mm-dd-yyyy): <b>MM-DD-YYYY</b>
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): _____	
<b>24-month evaluation while on the 24-month STEM OPT</b>	
<b>Please use this box for</b>	
<ul style="list-style-type: none"><li>• 24 Month Final Self-Evaluation due 24 Months after the STEM OPT start date OR</li><li>• Ending Employment Early or Ending STEM OPT Early OR</li><li>• Changing Employers or Changing Positions with the same STEM Employer</li></ul>	
Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his/her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.	
<b>Must be signed by the person who signed I-983 Section 6</b>	
Signature of Student:	Your I-983 Training Plan can be either hand signed or we will accept verified electronic signatures. Please see NOTE ON ACCEPTABLE SIGNATURES on page 1.
Printed Name of Student: <b>Your Name</b>	Date (mm-dd-yyyy): <b>MM-DD-YYYY</b>
Signature of Employer Official with Signature Authority:	Your I-983 Training Plan can be either hand signed or we will accept verified electronic signatures. Please see NOTE ON ACCEPTABLE SIGNATURES on page 1.
Printed Name of Employer Official with Signatory Authority: <b>Printed Name</b>	Date (mm-dd-yyyy): <b>MM-DD-YYYY</b>

## **Working at a 3rd Party Client Site on STEM OPT**

If you plan to be working at a 3rd Party Client Site on STEM OPT, please note that it may not meet STEM OPT training requirements especially if your employer does not participate in the training (many recruitment firms simply place you for employment purposes and may not be able to provide on-site supervision nor evaluate your work because they are not specialists in your field but rather specialists in placement). Please read the following carefully before filling out the I-983 Training Plan with your employer:

### **The Employer's Training Obligation:**

. . . to be eligible to employ a STEM OPT student, an employer must have and maintain a bona fide employer-employee relationship with the student. The employer must attest to this fact by signing the Form I-983, Training Plan for STEM OPT Students. To establish a bona fide relationship, the employer may not be the student's "employer" in name only, nor may the student work for the employer on a "volunteer" basis. **Moreover, the employer that signs the Form I-983 must be the same entity that provides the practical training experience to the student.**

An employer must have sufficient resources and trained or supervisory personnel available to provide appropriate training in connection with the specified training opportunity at the location(s) where the student's practical training experience will take place, as specified in the Form I-983. **The "personnel" who may provide and supervise the training experience may be either employees of the employer, or contractors who the employer has directly retained to provide services to the employer; they may not, however, be employees or contractors of the employer's clients or customers. Additionally, under no circumstances would another F-1 student with OPT or a STEM OPT extension (who is undergoing training in their own right) be qualified to train another F-1 student with a STEM OPT extension.**

While employers may rely on their existing training programs or policies to satisfy the requirements relating to performance evaluation and oversight and supervision, the student's Training Plan must nevertheless be customized for the individual student. For instance, every Training Plan must describe the direct relationship between the STEM OPT opportunity and the student's qualifying STEM degree, as well as the relationship between the STEM OPT opportunity and the student's goals and objectives for work-based learning. Moreover, **a STEM OPT employer may not assign, or otherwise delegate, its training responsibilities to a non-employer third party (e.g., a client/customer of the employer, employees of the client/customer, or contractors of the client/customer).**

. . . DHS, at its discretion, may conduct a site visit of any STEM OPT employer to ensure that the employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with the Form I-983. See 8 C.F.R. 214.2(f)(10)(ii)(C)(11). Consistent with this provision, during a site visit, DHS may verify that the employer that signs the Form I-983 is the same entity that provides the practical training experience to the student and ensure compliance.

**The Employer’s Training Obligation: Staffing and Temporary Agencies**

Staffing and temporary agencies and consulting firms may seek to employ students under the STEM OPT program, but only if they will be the entity that provides the practical training experience to the student and they have and maintain a bona fide employer-employee relationship with the student. STEM OPT participants may engage in a training experience that takes place at a site other than the employer’s principal place of business as long as all of the training obligations are met, including that the employer has and maintains a bona fide employer-employee relationship with the student. Certain types of arrangements, including multiple employer arrangements, sole proprietorships, employment through “temp” agencies, employment through consulting firm arrangements that provide labor for hire, and other similar relationships may not be able to demonstrate a bona fide employer-employee relationship and, therefore, may not meet the requirements of the STEM OPT extension.

For more information see: <https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/optional-practical-training-extension-for-stem-students-stem-opt>

**SEVP Portal vs. ISSS E-form**

Please **DO NOT** change your employment information by yourself via the SEVP Portal. You must complete a new I-983 to reflect the changes and submit “STEM OPT: Employment Update/Change in Training Plan” E-form. Your SEVIS record, Form I-983, and the E-form must have the same information.

	Use SEVP Portal to report	Use ISSS E-Form to report
<b>Active Post-OPT</b>	<ul style="list-style-type: none"><li>• U.S. Address</li><li>• U.S. &amp; Foreign Phone Number</li><li>• Employment information</li></ul>	
<b>Active STEM OPT</b>	<ul style="list-style-type: none"><li>• U.S. Address</li><li>• U.S. &amp; Foreign Phone Number</li></ul>	<ul style="list-style-type: none"><li>• E-mail Address (E-form: SEVP Portal Change E-mail Address)</li><li>• Foreign mailing address (E-form: Update Address)</li><li>• Password reset for SEVP Portal (E-form: SEVP Portal Login/Password Request)</li><li>• For employment update (E-form: STEM OPT: Employment Update)</li><li>• 6 Month Validations (E-form: 6 Month Validations or Annual Self-Evaluation)</li></ul>