## TRAINING PLAN FOR STEM OPT STUDENTS

### SECTION 1: STUDENT INFORMATION (Completed by Student)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name, Given Name, Given Name</td>
<td><a href="mailto:example@student.net">example@student.net</a></td>
</tr>
<tr>
<td>Name of School Recommending STEM OPT:</td>
<td>The University of Kansas</td>
</tr>
<tr>
<td>Name of School Where STEM Degree Was Earned:</td>
<td>XYZ University</td>
</tr>
<tr>
<td>SEVIS School Code of School Recommending STEM OPT: (including 3-digit suffix):</td>
<td>KAN214F00634000</td>
</tr>
<tr>
<td>Designated School Official (DSO) Name and Contact Information:</td>
<td></td>
</tr>
<tr>
<td>Student SEVIS ID No.:</td>
<td>N00XXXXXXXXXXXXX</td>
</tr>
<tr>
<td>STEM OPT Req. From: To:</td>
<td></td>
</tr>
<tr>
<td>Qualifying Major and Classification of Instructional Programs (CIP) Code:</td>
<td>Ex.: Bachelor's, Master's, Ph. D.</td>
</tr>
<tr>
<td>Date Awarded (mm-dd-yyyy):</td>
<td></td>
</tr>
<tr>
<td>Based on Prior Degree?</td>
<td>No</td>
</tr>
<tr>
<td>Employment Authorization Number:</td>
<td></td>
</tr>
<tr>
<td>Enter USCIS# found on EAD card</td>
<td></td>
</tr>
</tbody>
</table>

### 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): _________________________________
**If KU is your employer**

The Dean, Chair or designee, or supervisor should complete the employer sections using the following information:

- **NAICS Code:** 611310
- **Number of Employees:** 10,089
- **EIN:** 48-1124839
- **Address:** 1450 Jayhawk Blvd., Lawrence, KS 66045

**SECTION 3: EMPLOYER INFORMATION (Completed by Employer)**

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Website URL:</td>
<td>City:</td>
</tr>
<tr>
<td>Employer ID Number (EIN):</td>
<td>State:</td>
</tr>
<tr>
<td>Number of Employees in U.S.:</td>
<td>ZIP Code:</td>
</tr>
<tr>
<td>OPT Hours Per Week (must be at least 20 hours/week):</td>
<td>Compensation:</td>
</tr>
<tr>
<td>Start Date of Employment (mm-dd-yyyy):</td>
<td>A. Salaries Amount and Frequency:</td>
</tr>
<tr>
<td></td>
<td>B. Other Compensation (Type and Estimated Amount or Value):</td>
</tr>
</tbody>
</table>

*If no website, write ‘N/A’

Code can be found at: [http://www.census.gov/eos/www/naics/index.html](http://www.census.gov/eos/www/naics/index.html)

Go to Downloads/Reference Files/Tools > 2012 NAICS

If applying for STEM OPT extension, enter the day after your 12-month OPT ends.

If changing employers during STEM OPT extension, enter **actual** start date with new employer.

**SECTION 4: EMPLOYER CERTIFICATION**

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 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 or that is not paid in increments as required by the plan. 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. All employers should 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 a practical training period for a period of five consecutive business days without the consent of the employer.
4. I will remain in all applicable regulatory provisions that govern this program (see 9 C.F. 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 satisfies the objectives of the student’s training program in this STEM field of study;
   b. The student will receive off-site supervision and training, consistent with this Plan, and the employer is aware of the student’s training program;
   c. The employer has sufficient resources and personnel to provide the student with the training and education主要内容 filled in.
   d. The employer has provided the student with the training and education主要内容 filled in.
   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.

<table>
<thead>
<tr>
<th>Signature of Employer Official with Signature Authority:</th>
<th>Printed Name and Title of Employer Official with Signature Authority:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (mm-dd-yyyy):</td>
<td>Printed Name of Employing Organization:</td>
</tr>
</tbody>
</table>

Cannot be an electronic signature.
Describe in DETAIL what assignments the student will carry out during training AND how these relate to the student's STEM degree.

Example Format (summarize each goal in one sentence):
- Goal 1: (List specific knowledge, skills or techniques to be learned) - How and when this will be achieved (provide a timeline)
- Goal 2: (List specific knowledge, skills or techniques to be learned) - How and when this will be achieved (provide a timeline)
- Goal 3: (List specific knowledge, skills or techniques to be learned) - How and when this will be achieved (provide a timeline)

Explain in detail how student will be supervised and what oversight the employer will provide.

Explain in detail how the employer will evaluate the student and confirm the student is gaining new knowledge and skills.

The employer who signs the Training Plan must be the same entity that employs the student and provides the practical training experience (per DHS Docket No. ICEB-2015-0002)

Enter the employer's name, as it appears in "Section 3: Employer Information."

Enter the employer's site name and address, which may be the same as employer name in Section 3. If the student is working for a branch/subsidiary, or anywhere other than the headquarters, provide the name of this work site.

Per SEVP guidance, the official listed in Section 5 will be recorded as student's supervisor in SEVIS database.
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)(i)); 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): ____________________________

PRIVACY ACT STATEMENT


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 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-sevis).

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-week start date of the student’s STEM OPT employment authorization, and final program evaluation.

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