

FOLLOW THIS MODEL FOR YOUR I-983 STEM OPT TRAINING PLAN

- The form is available at: <https://studyinthestates.dhs.gov/form-i-983-overview>
- Please complete the form by typing or in legible handwriting.

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

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 03-31-2019

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): Family Name, Given Name Middle Name		Student Email Address: example@student.net Use a non-KU email address	
Name of School Recommending STEM OPT: The University of Kansas	Name of School Where STEM Degree Was Earned: XYZ University	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): KAN214F00634000	
Designated School Official (DSO) Name and Contact Information: Yuki Watanabe DSO, Shawn Wettlaufer DSO, Qiyu Liu DSO, Joanna Thomas DSO, Ben Burnett DSO, iss@ku.edu, 785-864-3617		Student SEVIS ID No.: (at top of I-20) N00XXXXXXXX	STEM OPT Request: From: The day after your current post-comp OPT expires To: Not to exceed 24 months from current OPT expiration date
Qualifying Major and Classification of Instructional Programs (CIP) Code: Major Name and CIP Code (CIP is next to major on I-20 Ex. 00.0000)			
Level/Type of Qualifying Degree: Ex.: Bachelor's, Master's, Ph. D.			
Date Awarded (mm-dd-yyyy): (Or anticipated completion date if not yet awarded)			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Check "NO" if your STEM request is based on the same degree as your current OPT. Check "Yes" only if your STEM request is based on a prior STEM degree for which your current OPT is NOT based. Most students check "NO"			
Employment Authorization Number: Enter USCIS# found on EAD card			
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:			
<ol style="list-style-type: none"> 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: Student Signature			
Printed Name of Student: _____ Date (mm-dd-yyyy): _____			

Section 3 may be completed ONLY by the employer!

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

*If no website, write 'N/A'

Code can be found at:
<http://www.census.gov/eos/www/naics/index.html>
 Go to Downloads/Reference Files/Tools > 2012 NAICS

If you are already working for this employer, enter the day after the end date of initial 12mo OPT

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

SECTION 4: EMPLOYER CERTIFICATION	
<p>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.</p>	
<p>I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>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.</p>	
Signature of Employer Official with Signatory Authority:	Employer's signature
Printed Name and Title of Employer Official with Signatory Authority:	Don't forget to list the 'Title' of the Employer Official Ex: CEO, Manager, ect.
Date (mm-dd-yyyy):	Printed Name of Employing Organization:

SECTION 5: TRAINING PLAN (Student and Employer)	
<p>Student Name (Surname/Primary Name):</p>	
<p>Employer Name:</p>	
<p>EMPLOYER SITE INFORMATION</p>	
<p>Site Name:</p>	<p>Site Address:</p>
<p>Name of Official:</p>	<p>Official's Title:</p>
<p>Official's Email:</p>	<p>Official's Phone Number:</p>
<p><i>Note: for the remaining details based on that who already have an internal/pre-existing training plan in place may fill in the</i></p>	
<p>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.</p>	
<p>Describe in DETAIL what assignments the student will carry out during training AND how these relate to the student's STEM degree.</p>	
<p>Goals and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives in learning related to his or her STEM degree. The description must both specify the student's goals regarding specific tasks as well as the means by which they will be achieved.</p>	
<p>Example Format (summarize each goal in one sentence):</p> <ul style="list-style-type: none"> Goal 1: (List specific knowledge, skills or techniques to be learned) <ul style="list-style-type: none"> - How and when this will be achieved (provide a timeline) Goal 2: (List specific knowledge, skills or techniques to be learned) <ul style="list-style-type: none"> - How and when this will be achieved (provide a timeline) Goal 3: (List specific knowledge, skills or techniques to be learned) <ul style="list-style-type: none"> - How and when this will be achieved (provide a timeline) 	
<p>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.</p>	
<p>Explain in detail how student will be supervised and what oversight the employer will provide. If you work 100% remotely, list the address of the location from which you work remotely (ex. home address) in the Site Address in Section 5 above, then in this "Employer Oversight" section explain the remote arrangement and how the employer provides oversight and supervision remotely.</p>	
<p>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.</p>	
<p>Explain in detail how the employer will evaluate the student and confirm the student is gaining new knowledge and skills.</p>	

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

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: _____

Employer's signature

Printed Name and Title of Employer Official with Signatory Authority: _____ Don't forgot to list the 'Title' of the Employer Official Ex: CEO, Manager, ect.

Date (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. 1782) 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-sorms>).

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 end of the first year of the start date of the student's STEM OPT employment authorization, and final program evaluation.

Do not complete
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