

FORM I-983

Training Plan for STEM OPT Students

A Form I-983 guide provided by the International Students & Programs Office at UC San Diego

(858) 534-3730

iemployment@ucsd.edu

icontact.ucsd.edu

9500 Gilman Dr. #0018
La Jolla, CA 92093-0018



Please note that the guidance provided within this guide is an interpretation of the instructions published by ICE. As this guide is a supplement we have created to answer any questions that may arise while completing the Form I-983, we urge all students to also review the guidance provided by ICE: <https://www.ice.gov/doclib/sevis/pdf/i983Instructions.pdf>. When downloading and filling out the Form I-983 make sure you are always using the most updated version of the form available on the ICE website.

How to Fill Out Form I-983: General Guidelines

1. Fill Out Application Clearly

Type or print legibly. Although this is a form fillable pdf, there may be sections that cannot be typed in, or after printing may not be filled in. It's best to use Google Chrome when viewing and typing in your responses. Thoroughly check after printing to ensure all fields are filled in accurately. In these cases, note it is acceptable to submit a form which is partially typed and hand written. Ensure you print legibly when handwriting responses.

2. Obtain Signatures

Make sure Page 1 is signed by you, the student and Pages 2 and 4 are signed by an appropriate individual in the employer's organization, who is familiar with the student's goals and performance, and who is an employee who has signatory authority for the employer. Pages 2 and 4 can be signed by different individuals.

3. Fill Out Pages 1-4 ONLY

At the time of the STEM OPT I-20 Application, only pages 1-4 of the I-983 are required. Page 5 is due after your STEM OPT is approved by USCIS, and you will receive a message from SEVP Portal then about when to submit it.

4. Only Submit to ISPO iPortal Request

It is not required to send the I-983 to USCIS with your STEM OPT application unless asked. ISPO is required to house the form for you. We also recommend you and your employer keep copies for your own records.

FINAL NOTE: After completing, thoroughly check to ensure all fields are filled in accurately and that each section is filled out. If you are unable to type any part of this form, hand write the information after printing. It is okay for your form to have both typed and handwritten information. Ensure you print legibly when handwriting responses.

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

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 7/31/2021

TRAINING PLAN FOR STEM OPT STUDENTS

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

"From" date should be day after your current 12 month OPT ends and "to" date should be 2 years later (minus one day). See example.

Date STEM degree awarded

Enter the major AND CIP Code which qualifies you for this request. For example: Chemistry, 40.0501
Your CIP code can be found on page 1 of your I-20..

Answer "No" if this application is based on most recently completed degree from UCSD. Answer "Yes" if application is based on a prior degree from a different university.

Enter USCIS # from your EAD

Enter SEVIS ID number, which starts with N and is followed by 10 digits. It can be found on the top of page 1 of your I-20.

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): Triton, Tammy		Student Email Address: triton@ucsd.edu	
Name of School Recommending STEM OPT: University of California, San Diego	Name of School Where STEM Degree Was Eamed: University of California, San Diego	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): SND214F00088000	
Designated School Official (DSO) Name and Contact Information: Argiria Williams, DSO, International Students & Programs Office (ISPO) 9500 Gilman Dr, La Jolla, CA 92093, istudents@ucsd.edu, 8585343730		Student SEVIS ID No.: N1111111111	STEM OPT Requested Period (mm-dd-yyyy): From: 06/15/2021 To: 06/14/2023
Qualifying Major and Classification of Instructional Programs (CIP) Code: _____			
Level/Type of Qualifying Degree: Bachelor's, Master's, or PhD			
Date Awarded (mm-dd-yyyy): _____			
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Employment Authorization Number: _____			

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 (Sign in ink): _____

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

Review the above and sign the first line in ink. Print or type your name and enter date in second line.

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name:		Street Address:		Suite:	
Employer Website URL: <i>If no website, enter N/A</i>		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. _____				

Enter employer name

Enter 9 digit Employer ID Number (EIN)

Start date of STEM OPT employment with employer

Approximate # of U.S. employees

Dollar amount of salary, stipend, and/or other compensation, and the frequency of pay (per hour, per week, bi-weekly, monthly). Other compensation may include housing, tuition waivers, transportation costs, etc.

Enter the Employer's or Company's address

Consult with HR or <https://www.naics.com/search/>

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 (Sign in ink): _____

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

Date (mm-dd-yyyy): _____

Printed Name of Employing Organization: _____

The employer official with signatory authority, who is an appropriate individual in the employer's organization, who is familiar with the student's goals and performance, and who is an employee who has signatory authority for the employer should review the certification and affirm the statement by signature.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name): Triton, Tammy	
Employer Name:	
EMPLOYER SITE INFORMATION	
Site Name:	Site Address (Street, City, State, ZIP):
Name of Official:	Official's Title:
Official's Email:	Official's Phone Number:

Enter employer's full official name as written in Section 3

This may be the same as employer name in Section 3. If student is working anywhere other than the headquarters, provide the name of the official work site

Enter the name, title, email, and phone number of the appropriate individual who is familiar with, and will monitor, the student's goals and performance (usually a manager/supervisor).

Enter the **physical location** which the student will be working.

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.

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 skills 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 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, a description of this program or policy may suffice to answer this question.

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 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, a description of this program or policy may suffice to answer the question.

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

If you have no additional pertinent information to provide, you can enter N/A.

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 (Sign in ink): _____

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

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. 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-sorn>).

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.

Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer Certification in Section 4.