

# OPT STEM EXTENSION REQUEST FORM

Please allow five business days for us to process your new I-20.

Today's Date: \_\_\_\_\_

## STUDENT INFORMATION

Missouri S&T ID #: \_\_\_\_\_

Last (family) Name: \_\_\_\_\_

First (given) Name: \_\_\_\_\_

Missouri S&T E-Mail Address: \_\_\_\_\_

Non Missouri S&T E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

## Employer Information

Employer Name: \_\_\_\_\_

Employment Identification Number: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Student's Job Title / Position: \_\_\_\_\_

Job Description: *Cannot exceed 250 characters* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Supervisor's E-Mail Address: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_

## Mailing Information

Once we receive this completed form, we will review it and issue a new I-20 for which your extension will be recommended. In order for us to send your I-20 to you, we recommend express mail, however it would be at your own cost. Please fill out our credit card authorization form and return to your international Student Advisor via e-mail or fax.

After you receive your new I-20, you will send the following documents to USCIS:

- A. Copy of new I-20 with extension requested
- B. Form I-765 (attached). For items;
  - #11, Which USCIS Office, use: Nebraska Service Center
  - Dates, use: the date which you received your Post-Completion OPT approval notice.
  - #16, use: (c) (3) (c)
- C. \$410 check made out to Department of Homeland Security
- D. Photocopy of your final transcript
- E. 2 Passport photos
- F. Copy of passport I.D. page, visa, and front and back of I-94 card Copy of current OPT card.

### If you live in:

Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming or Commonwealth of the Northern Mariana Islands.

#### Mail your application to:

##### USCIS Phoenix Lockbox (For U.S. Postal Service)

USCIS  
P.O. Box 21281  
Phoenix, AZ 85036

#### For express mail and courier service:

USCIS  
Attn: AOS  
1820 E. Skyharbor Circle S  
Suite 100  
Phoenix, AZ 85034

### If you live in:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Maryland, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Oklahoma, Tennessee, Texas, U.S. Virgin Islands, Vermont, Virginia, West Virginia.

#### Mail your application to:

##### USCIS Dallas Lockbox (For U.S. Postal Service)

USCIS  
PO Box 660867  
Dallas, TX 75266

#### For express mail and courier service:

USCIS  
Attn: AOS  
2501 S. State Hwy. 121, Business  
Suite 400  
Lewisville, TX 75067

## Student Reminders

The regulation includes specific reporting requirements. Students are required to report changes in employment to their International Student Advisor. SEVP recommends that students report changes within 10 business days of the change to avoid situations where a Department of Homeland Security official may determine the student is out of status. Please e-mail your International Student Advisor with all new or changes in employment information. It is important for you to keep a copy of all reports made to your International Student Advisor.

<b>If your last name starts with:</b> A - ALE, C-J, Q, S	<b>If your last name starts with:</b> ALF - ALQ, K - P, R, T	<b>If your last name starts with:</b> ALR-AZ, U - V, X, Z	<b>If your last name starts with:</b> B	<b>If your last name starts with:</b> W
<b>Please contact Jenell Kamler</b> kamlerj@mst.edu	<b>Please contact Shawna Holle</b> hollesh@mst.edu	<b>Please contact Justina Lewis</b> lewisjus@mst.edu	<b>Please contact Bill Elliott</b> elliottwj@mst.edu	<b>Please contact Gene Beyer</b> beyer@mst.edu

During the 24-month OPT STEM extension, the student must report to his International Student Advisor within 10 days of any change of employment. The International Student Advisor must update SEVIS within 21 days of receiving notification of the change from the student. Students must report the following information:

- A. Employer Name
- B. Employment Address
- C. Employment Start Date
- D. Job Title
- E. Brief job description of how employment relates to field of study.
- F. Supervisor Name
- G. Supervisor Telephone Number
- H. Supervisor Email

The student must also make a "validation report" to the International Student Advisor every six months starting from the date the 24-month extension begins and ending when the student's F-1 status ends or the 24-month OPT extension ends, whichever is first. In addition to the validation report, students must also submit two I-983 evaluation reports to their International Student Advisor within 10 days of completing each one year period of the STEM Extension. Please see page 6 and 7 of your I-983 Training Plan.

According to SEVP's **OPT Policy Guide**; the validation report must include the following information:

- A. Full legal name
- B. SEVIS identification number (if requested by the school)
- C. Current mailing and residential address
- D. Name and address of the current employer
- E. Date the student began working for the current employer
- F. Job Description - how the employment relates to current field of study.  
*Description cannot exceed 250 characters.*

The validation report is due to the International Student Advisor within 10 days of each reporting date. The I-983 training evaluation form is due within 10 days of completing each period of the STEM extension.

Thank you,  
Office of International and Cultural Affairs  
Missouri University of Science and Technology  
(Formerly University of Missouri-Rolla)  
320 W 12th Street, 103 Norwood Hall  
Rolla, MO 65409  
U.S.A

Phone: (573) 341-4208  
Fax: (573) 341-4024



# e-Notification of Application/Petition Acceptance

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-1145  
OMB No. 1615-0109  
Expires 09/30/2016

## What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

## General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

## USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File (A-File) and Central Index System (CIS), which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy)]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. **Do not mail your completed Form G-1145 to this address.**

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
E-mail Address		Mobile Phone Number (Text Message)



# Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 02/28/2018

<b>For USCIS Use Only</b>	<b>Fee Stamp</b>	<b>Action Block</b>	<b>Initial Receipt</b>	<b>Resubmitted</b>
			<b>Relocated</b>	
			<b>Received</b>	<b>Sent</b>
			<b>Completed</b>	
<input type="checkbox"/> <b>Application Approved</b> <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> <b>Application Denied - Failed to establish:</b> <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		<b>Approved</b> <b>Denied</b> A# _____
		<input type="checkbox"/> Applicant is filing under section 274a.12 _____		

▶ **START HERE - Type or print in black ink.**

**I am applying for:**

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

**1. Full Name**

Family Name	First Name	Middle Name
[ ]		

**2. Other Names Used (include Maiden Name)**

Family Name	First Name	Middle Name
[ ]		
[ ]		

**3. U.S. Mailing Address**

Street Number and Name	Apt. Number	
[ ]		
Town or City	State	ZIP Code
[ ]	[ ]	[ ]

**4. Country of Citizenship or Nationality**

[ ]

**5. Place of Birth**

Town or City	State/Province	Country
[ ]		

**6. Date of Birth (mm/dd/yyyy)**

[ ]

**7. Gender**  Male  Female

**8. Marital Status**

Single  Married  Divorced  Widowed

**9. Social Security Number (Include all numbers you have ever used, if any)**

[ ]

**10. Alien Registration Number (A-Number) or Form I-94 Number (if any)**

[ ]

**11. Have you ever before applied for employment authorization from USCIS?**

- Yes (Complete the following questions.)

Which USCIS Office?	Dates
[ ]	[ ]
Results (Granted or Denied - attach all documentation)	
[ ]	

- No (Proceed to Question 12.)

**12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)**

[ ]

**13. Place of Last Entry into the U.S.**

[ ]

**14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)**

[ ]

**15. Current Immigration Status (Visitor, Student, etc.)**

[ ]

**16. Eligibility Category.** Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

( [ ] ) ( [ ] ) ( [ ] )

17. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree  Employer's Name as listed in E-Verify

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

18. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Question 16 above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

19. (c)(35) and (c)(36) Eligibility Category

a. If you entered the eligibility category (c)(35) or (c)(36) in Question 16 above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.

b. Have you EVER been arrested for and/or convicted of any crime?  Yes  No

NOTE: If you answered "Yes" to Item Numbers 19.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

### Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Applicant's Signature

Date of Signature (mm/dd/yyyy)

Telephone Number

Signature of Person Preparing Form, If Other Than Applicant

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature

Date of Signature (mm/dd/yyyy)

Printed Name

Address

## Completing the Form I-983

# TRAINING PLAN FOR STEM OPT STUDENTS

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

***STEM OPT students and their employers are subject to the terms of the Form I-983, Training Plan for STEM OPT Students, effective as of the start date requested for STEM OPT on the Form I-983.***

- **Section 1: Student Information (Completed by Student):**
  - ***Student Name:*** Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your SEVIS (Student and Exchange Visitor Information System) issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students."
  - ***Student Email Address:*** Enter the email address where you can be contacted.
  - ***Name of School Recommending STEM OPT:*** Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT.
  - ***Name of School Where STEM Degree Was Earned:*** Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.
  - ***SEVIS School Code of School Recommending STEM OPT:*** Enter the SEVIS School code of the school recommending the STEM OPT (including the 3-digit suffix). This would be your current school or school of most recent enrollment.
  - ***DSO Name and Contact Information:*** Enter the full name and contact information, including official address, phone, and email, of the DSO who is recommending this STEM OPT and processed this Form I-983.
  - ***Student SEVIS ID Number:*** Enter your SEVIS identification (ID) number.
  - ***STEM OPT Requested Period:*** Enter the period during which you are requesting to work on STEM OPT (regardless of whether the authorized dates match actual training dates). Note that the STEM OPT extension may not end more than 24 months after the scheduled termination of the student's Employment Authorization Document for the current period of post-completion OPT. For a student on 12-month OPT requesting a STEM OPT extension, the start date should be the day after your current 12-month OPT ends. For a student on 17-month STEM OPT requesting conversion to the terms and conditions of a 24-month STEM OPT extension, the F-1 student and the student's employer will be subject to the terms and conditions of the Form I-983, "Training Plan for STEM OPT Students," as of the date of receipt at U.S. Citizenship and Immigration Services (USCIS) and thus the requested period should identify a start date on or before proper filing at USCIS.
  - ***Qualifying Major and Classification of Instructional Programs (CIP) Code:*** Enter your STEM major that qualifies you for the STEM OPT extension, as well as the degree's (CIP) code. You can find CIP codes on the National Center for Education Statistics website at:

<http://nces.ed.gov/ipeds/cipcode/default.aspx?v=55> or the ICE website at <http://www.ice.gov/sevis>.

- **Level/Type of Qualifying Degree:** Enter the academic level upon which you are basing STEM OPT. (For example, enter Bachelor's, Master's, or Ph.D.)
  - **Date Awarded:** Enter the date when the degree, upon which STEM OPT will be based, was awarded.
  - **Based on Prior Degree?** Check "Yes" if your STEM OPT participation is based on a previously-obtained STEM degree, and is not the same degree upon which your current post-completion OPT was granted. Check "No" if your STEM OPT participation is based on your most recently obtained degree, and that is the degree upon which your current post-completion OPT is based.
  - **Employment Authorization Number:** Enter your "A" number, (which may be found on the Employment Authorization Document).
- **Section 2: Student Certification:**
    - **Student Certification:** Review the certification and affirm the statement by signature.
  - **Section 3: Employer Information (Completed by Employer):**
    - **Employer Name:** Enter your company, university, etc. name.
    - **Street Address, Suite, City, State, Zip Code:** Enter the employer or company mailing address.
    - **Employer Website URL:** Enter the employer website URL, if available. If no website exists, enter N/A.
    - **Employer ID Number (EIN):** Enter the Employer Identification Number (EIN).
    - **Number of Full-Time Employees in the United States:** Provide the number of full-time employees in the United States.
    - **North American Industry Classification System (NAICS) Code:** Enter the company's NAICS code. (Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.) NAICS codes are accessible at <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>.
    - **OPT Training Hours Per Week:** Enter the agreed-upon number of average training hours per week. In order to qualify for STEM OPT, the student must work a minimum of 20 hours per week.
    - **Start Date of Employment:** Enter the date when the student will begin the STEM OPT training with the employer.
    - **Compensation:** Enter the 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. Note: The terms and conditions of a STEM practical training opportunity (including duties, hours, and compensation) must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work at least 20 hours per week while employed.
  - **Section 4: Employer Certification:**



- **Employer Certification:** 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.
- **Note for Employer Official with Signatory Authority:** The Employer Official with Signatory Authority attestation includes the certification at Section 4 (d) which states "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."
- **Section 5: Training Plan for STEM OPT Students (Completed by Employer):**  
In order to better ensure the academic benefit and integrity of the extension, Federal regulations require each STEM OPT student to prepare and execute with *his or her* prospective employer a formal training plan that identifies learning objectives and a plan for achieving those objectives. The STEM OPT student and his or her employer must work together to finalize the plan.
  - **Student Name:** Enter the student's name (Surname/Primary Name, Given Name) exactly as it appears on the student's SEVIS-issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students."
  - **Employer Name:** Enter the employer's name, as it appears in "Section 3: Employer Information."
  - **Site Name:** Enter the employer's site name, which may be the same as employer name in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name of this work site.
  - **Site Address:** Enter the exact address of the work site where the STEM practical training will take place.
  - **Name of Official:** 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.
  - **Official's Title:** Enter the title of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
  - **Official's Email:** Enter the email address of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
  - **Official's Phone Number:** Enter the phone number of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
  - **Student Role and the Training Program's Direct Relationship to the Student's Qualifying STEM Degree:** 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.

- **Goals and Objectives:** 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, a description of this program or policy may suffice to answer the 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, a description of this program or policy may suffice to answer the question.
  - **Additional Remarks.** Provide any additional pertinent information.
- **Section 6: Employer Official Certification:**
    - **Certification of Official with Signatory Authority:** *Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer Certification in Section 4.* An employee with signatory authority for the employer should review the certification and affirm the statement by signature. On the material change certification (#4), please note that material changes in the plan can include (but are not limited to) the following: any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Form I-983, "Training Plan for STEM OPT Students," 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.
  - **Evaluation on Student Progress:**
    - 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 or her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.
    - The student submits the first assessment within twelve months and a final evaluation that recaps all the training and knowledge acquired during the complete training period.
    - Enter the range of the student evaluation dates (the timeline for which this evaluation is relevant).
    - The student must sign, print name, and enter date of signature.
    - The Employer Official with Signatory Authority must sign, print name, and enter the date of signature to show concurrence with the assessment information that the student has entered.

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

**TRAINING PLAN FOR STEM OPT STUDENTS**

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

OMB CONTROL NO. 1653-0054  
EXPIRATION DATE 03/31/2019

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name):		Student Email Address:	
Name of School Recommending STEM OPT:	Name of School Where STEM Degree Was Earned:	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):	
Designated School Official (DSO) Name and Contact Information:		Student SEVIS ID No.:	STEM OPT Requested Period: (mm-dd-yyyy)  From: _____ To: _____
Qualifying Major and Classification of Instructional Programs (CIP) Code: _____			
Level/Type of Qualifying Degree: _____			
Date Awarded: (mm-dd-yyyy) _____			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: _____			

SECTION 2: STUDENT CERTIFICATION
<p><b>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.</b></p>
<p>I certify that:</p> <ol style="list-style-type: none"> <li>1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");</li> <li>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;</li> <li>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;</li> <li>4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</li> <li>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.</li> </ol>
<p>Signature of Student: _____</p>
<p>Printed Name of Student: _____ Date: (mm-dd-yyyy) _____</p>

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

Employer Name:		Street Address:		Suite:
Employer Website URL:		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 A. Salary Amount and Frequency: _____ B. Other Compensation (Type and Estimated Amount or Value): 1. _____ 2. _____ 3. _____ 4. _____			
Start Date of Employment:  (mm-dd-yyyy) _____				

**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: \_\_\_\_\_

Printed Name and Title of Employer Official with Signatory Authority: \_\_\_\_\_

Date: (mm-dd-yyyy) \_\_\_\_\_ Printed Name of Employing Organization: \_\_\_\_\_

**SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)**

Student Name (Surname/Primary Name, Given Name):

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:

*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.

**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.

**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.

**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.

**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: \_\_\_\_\_

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-notice-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 12<sup>th</sup> 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.

**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: (mm-dd-yyyy): From \_\_\_\_\_ To \_\_\_\_\_

Signature of Student: \_\_\_\_\_

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

Signature of Employer Official with Signatory Authority: \_\_\_\_\_

Printed Name of Employer Official with Signatory Authority: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_



**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: (mm-dd-yyyy) From \_\_\_\_\_ To \_\_\_\_\_

Signature of Student: \_\_\_\_\_

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

Signature of Employer Official with Signatory Authority: \_\_\_\_\_

Printed Name of Employer Official with Signatory Authority: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_