**DISCLAIMER:** This document is intended only as an informational sample. All STEM OPT Extension participants and employers are responsible for verifying their I-983 Training Plan is completed in compliance with USCIS requirements ([https://www.uscis.gov/working-united-states/students-and-exchange-visitors/students-and-employment/stem-opt](https://www.uscis.gov/working-united-states/students-and-exchange-visitors/students-and-employment/stem-opt)) and DHS instructions ([https://studyinthestates.dhs.gov/stem-opt-hub](https://studyinthestates.dhs.gov/stem-opt-hub)).
Per USCIS, the “Start Date of Employment” for your STEM OPT Extension is always 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.**

**See bottom of page for how to complete I-983 if you are changing employers while on the STEM OPT Extension.

Refer to DHS’s Study in the States for additional guidance on how to properly complete the Form I-983:

https://studyinthestates.dhs.gov/stem-opt-hub/additional-resources/form-i-983-overview

**CHANGE OF EMPLOYER: If your STEM OPT Extension period has begun and you are requesting an I-20 due to a change of employer, enter the date you began (or will begin) working with your new company.
**Sample I-983 for USC Graduates**

**IMPORTANT:** Please review the employer requirements and responsibilities required by USCIS at [https://www.uscis.gov/working-united-states/students-and-exchange-visitors/students-and-employment/stem-opt](https://www.uscis.gov/working-united-states/students-and-exchange-visitors/students-and-employment/stem-opt).

STEM OPT participants must be a bona-fide employee of the employer signing the Training Plan, and verify the employer that signs the Training Plan is the same entity that employs the student and provides the practical training experience.

Form I-983 Page 3 must describe how employment is directly related to major.

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**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.
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, understood, 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 214.20(h)(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 (Sign in ink):

Printed Name and Title of Employer Official with Signatory Authority:

Date (mm-dd-yyyy):

PRIVACY ACT STATEMENT


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. 20538.

*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: From (mm-dd-yyyy): ____________ To (mm-dd-yyyy): ____________

This space is for your 12-Month Self-Evaluation – leave this section blank.

This evaluation is due 12 months after the approved STEM OPT Extension EAD start date.

Example: If the approved STEM OPT Extension EAD dates are 6/11/2018 to 6/10/2020, the 12-month self-evaluation evaluation is due by 6/10/2019.

Signature of Student (Sign in ink): ____________________________________________

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

Signature of Employer Officer with Signatory Authority (Sign in ink): __________________________________

Printed Name of Employer Officer 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: From (mm-dd-yyyy): ____________ To (mm-dd-yyyy): ____________

This space is for your Final Self-Evaluation – leave this section blank.

This evaluation is due at the end of your approved 24-month STEM OPT Extension period, by the STEM OPT Extension EAD end date.

Example: If the approved STEM OPT Extension EAD dates are 6/11/2018 to 6/10/2020, the final self-evaluation is due by 6/10/2020.

**See bottom of page for how to complete I-983 if you are changing employers.

Signature of Student (Sign in ink): ____________________________________________

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

Signature of Employer Officer with Signatory Authority (Sign in ink): __________________________________

Printed Name of Employer Officer with Signatory Authority: ____________________________ Date (mm-dd-yyyy): ____________

ICE Form I-983 (7/18)