**USC Office of International Services**

**Sample I-983 for USC Graduates**

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**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)).

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

<table>
<thead>
<tr>
<th><strong>STUDENT NAME</strong></th>
<th><strong>SURNAME/PRIMARY NAME/ GIVEN NAME:</strong></th>
<th><strong>STUDENT EMAIL ADDRESS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trojan, Tommy</strong></td>
<td><a href="mailto:TOMMYTROJAN@usc.edu">TOMMYTROJAN@usc.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NAME OF SCHOOL RECOMMENDING STEM OPT:</strong></th>
<th><strong>DEGREE WHERE STEM DEGREE WAS EARNED:</strong></th>
<th><strong>SEVIS SCHOOL CODE OF SCHOOL RECOMMENDING STEM OPT DIGIT SUFFIX:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Southern California</td>
<td>University of Southern California</td>
<td>LOS214F00291000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ISO NAME:</strong></th>
<th><strong>ISO ADDRESS:</strong></th>
<th><strong>ISO CONTACT INFORMATION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ISO Name</td>
<td>ISO Address</td>
<td>ISO Contact Information</td>
</tr>
<tr>
<td>649 W 34th Street, LA, CA 90089, 213-740-2666, <a href="mailto:OPTSTEM@usc.edu">OPTSTEM@usc.edu</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>QUALIFYING MAJOR AND CLASSIFICATION OF INSTRUCTIONAL PROGRAMS (CIP) CODE:</strong></th>
<th><strong>BACHELOR’S, MASTER’S, OR PHD/DOCTORATE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Science, 11.0701</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LEVEL/TYPE OF QUALIFYING DEGREE:</strong></th>
<th><strong>DATE AWARDED (MM-DD-YYYY):</strong></th>
<th><strong>BASED ON PRIOR DEGREE:</strong></th>
<th><strong>EMPLOYMENT AUTHORIZATION NUMBER:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s</td>
<td>MM/DD/YYYY</td>
<td>Yes</td>
<td>XXX-XXXX-XXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>USC SEVIS CODE:</strong></th>
<th><strong>NAME OF MAJOR AND CIP CODE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS214F00291000</td>
<td>Computer Science, 11.0701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DATE ON DIPLOMA:</strong></th>
<th><strong>ENTER 9-DIGIT “USCIS #” PRINTED ON FRONT OF EAD – NOT “CARD #”:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DSO NAME:</strong></th>
<th><strong>FORMAT AS LAST NAME, FIRST NAME:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A – E: Jo’Ann Dela Cruz</td>
<td>A – E: Jo’Ann Dela Cruz</td>
</tr>
<tr>
<td>K – P: Sumaiya Mamun</td>
<td>K – P: Sumaiya Mamun</td>
</tr>
<tr>
<td>V – Z: Jessie Reeves</td>
<td>V – Z: Jessie Reeves</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SIGNATURE OF STUDENT (SIGN IN INK):</strong></th>
<th><strong>PRINTED NAME OF STUDENT:</strong></th>
<th><strong>DATE (MM-DD-YYYY):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tommy Trojan</td>
<td>Tommy Trojan</td>
<td>03/21/2018</td>
</tr>
</tbody>
</table>

**TRAINED PERSON’S STATEMENT:**

I, Tommy Trojan, have reviewed this Training Plan for STEM OPT Students ("Plan"); and

1. I have reviewed 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 non-trivial 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):

Tommy Trojan

Printed Name of Student: Tommy Trojan

Date (mm-dd-yyyy): 03/21/2018

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**ENTER THE 9-DIGIT “USCIS #” PRINTED ON FRONT OF EAD – NOT “CARD #”**

**From:** Enter the date after your 12-month post-completion OPT EAD expires. Example: If your EAD expires 6/10/2018, enter 6/11/2018.

**To:** Enter date two years from “From” date. Example: If you entered 6/11/2018 for your start date, your end date will be 6/10/2020.

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**Signed by hand – USCIS does not allow typed or electronic signatures**
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.

**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.

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
**USC Office of International Services**

**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.*

If you are working remotely, please write:

“Permitted to Work Remotely From: STREET, CITY, STATE, ZIP”

**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.

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

[https://studyinthesates.dhs.gov/stem-opt-hub/additional-resources/form-i-983-overview](https://studyinthesates.dhs.gov/stem-opt-hub/additional-resources/form-i-983-overview)
### 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 (Sign in ink):**

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

**Date (mm-dd-yyyy):**

### PRIVACY ACT STATEMENT

AUTHORIZED: Section 101(a)(15)(F) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(F), Section 641 of the Immigration and Nationality Act (8 U.S.C. 1341), and Section 277 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (8 U.S.C. 1324a). 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.

**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-sors).

**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.*
USC Office of International Services
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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 Official with Signatory Authority (Sign in ink): ____________________________
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: 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 Official with Signatory Authority (Sign in ink): ____________________________
Printed Name of Employer Official with Signatory Authority: ____________________________ Date (mm-dd-yyyy): _______________

**CHANGE OF EMPLOYER: If your STEM OPT Extension period has begun and you are requesting an I-20 due to a change of employer, you must complete and submit a final evaluation for your previous employer, regardless of when your STEM OPT Extension began.