**USC Office of International Services**

**Sample I-983 for USC Graduates**

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

- **Student Name (Surname/Primary Name, Given Name):** Tommy Trojan
- **Student Email Address:** TOMMYTROJAN@usc.edu
- **Name of School Recommending STEM OPT:** University of Southern California
- **Degree Earned:** Bachelor’s, Master’s, or PhD/Doctorate
- **Designated School Official (DSO) Name and Contact Information:**
  - ISO Name*, 649 W 34th Street, LA, CA 90089, 213-740-2966, OPTSTEM@usc.edu
- **Qualifying Major and Classification of Instructional Programs (CIP) Code:** Computer Science, 11.0701
- **Level/Type of Qualifying Degree:** Master’s
- **Date Awarded (mm-dd-yyyy):** MM/DD/YYYY
- **Based on Prior Degree?** No
- **Employment Authorization Number:** XXX-XXXXXX
- **SCOPE OF TRAINING PLAN:**
  - **Type:** University of Southern California
  - **Training Area:** Engineering & Mathematics (STEM) Optional Practical Training (OPT)

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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) and DHS instructions (https://studyinthestates.dhs.gov/stem-opt-hub).
**USC Office of International Services**

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

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Street Address:</th>
<th>Suite:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employer Website URL:**

**Employer ID Number:** [XXXXXX]

**OPT Hours Per Week (52-week period):**

**Start Date of Employment (mm-dd-yyyy):** 06/11/2018

**Other Compensation (Type and Estimated Amount or Value):**

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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.**

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**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.

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**USCIS only accepts scanned or copied wet signatures. Typed or electronically generated signatures are not permitted. There have been no changes to this policy due to COVID-19.**

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

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**Revised 6/29/2021**
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.

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 additional space is needed, add an addendum to the Form I-983.

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.

Student Note: Describe the student's role with the employer and how that role relates to the student's major through his or her qualifying STEM degree.

Students who are working remotely must still provide employer's site address. This may or may not match the address on Page 2. If you are working remotely, please write: "Permitted to Work Remotely: EMPLOYER ADDRESS STREET, CITY, STATE, ZIP"
USC Office of International Services
Sample I-983 for USC Graduates

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 214.20(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: _____________________________
Printed Name and Title of Employer Official with Signatory Authority: __________________
Date (mm-dd-yyyy): __________________________

PRIVACY ACT STATEMENT


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-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 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.

ICE Form I-983 (7/16)
USC Office of International Services
Sample I-983 for USC Graduates

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, due 12 months after the approved STEM OPT Extension EAD start date.

To calculate your due date and range of evaluation dates, refer to https://ois.usc.edu/employment/employment-f1/opt/opt-stem/#reportingrequirements.

Leave this section blank when requesting an initial STEM OPT Extension I-20.

Signature of Student (Sign in ink)
Printed Name of Student:
Signature of Employer Official with Signatory Authority (Sign in ink)
Printed Name of Employer Official with Signatory Authority:

This section must be signed by the student and their current supervisor, which may or may not match the individual(s) that signed Pages 1-4.

USCIS only accepts scanned or copied wet signatures. Typed or electronically generated signatures are not permitted. There have been no changes to this policy due to COVID-19.

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 24-Month and/or Final Self-Evaluation, due by the STEM OPT Extension EAD end date or when ending employment due to loss of employment, change of employer**, changing visa status or transferring your SEVIS record.

To calculate your due date and range of evaluation dates, refer to https://ois.usc.edu/employment/employment-f1/opt/opt-stem/#reportingrequirements.

Leave this section blank when requesting an initial STEM OPT Extension I-20.

Signature of Student (Sign in ink)
Printed Name of Student:
Signature of Employer Official with Signatory Authority (Sign in ink)
Printed Name of Employer Official with Signatory Authority:

This section must be signed by the student and their current supervisor, which may or may not match the individual(s) that signed Pages 1-4.

USCIS only accepts scanned or copied wet signatures. Typed or electronically generated signatures are not permitted. There have been no changes to this policy due to COVID-19.

**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.