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

Sample I-983 for USC Graduates

<table>
<thead>
<tr>
<th>Section: Employer Information (Completed by Employer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name:</td>
</tr>
<tr>
<td>Employer Website URL:</td>
</tr>
<tr>
<td>Employer ID Number:</td>
</tr>
<tr>
<td>OPT Hours Per Week (Hours/week):</td>
</tr>
</tbody>
</table>

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

Other Compensation (Type and Estimated Amount or Value):

1. 
2. 

I declare under penalty of perjury that the above statements are correct and true, and that I am in good faith, without fraud, delusion of any kind, or other improper motive, the author of the above 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 the program, including all 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: [Signature]
Printed Name and Title of Employer Official with Signatory Authority: [Name and Title]
Date (mm-dd-yyyy): [Date]
Printed Name of Employing Official: [Name]

**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.

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** and not the date during your 12-month post-completion OPT.

**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

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.

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](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 Site Information**

<table>
<thead>
<tr>
<th>Site Name:</th>
<th>Site Address (Street, City, State, ZIP):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STREET, CITY, STATE, ZIP</td>
</tr>
</tbody>
</table>

**Note:** for the remaining fields in this section, employers who already have details based on that plan.

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

**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://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)

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"
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

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.

Employee 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 Employee Official with Signatory Authority:__________  Sign in ink
Printed Name and Title of Employee Official with Signatory Authority: __________
Date (mm-dd-yyyy): __________

PRIVACY ACT STATEMENT


PURPOSE: The information collected 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/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.
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.

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.

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.