USC Office of International Services
Sample I-983 for USC Graduates

*Enter DSO name based on the first letter of your last name:
A - E: Jennie Fitzgerald
F - J: Anna Hartwig
K - O: Sohee Kwon
P - U: Matthew Williams
V - Z: Heidi Beltran

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)

If you are applying for STEM OPT based on the degree you earned at USC, write "University of Southern California". If you are applying for STEM OPT based on a degree you earned at a different school, enter that school's name here.

USC SEVIS School Codes
University Park Campus: LOS214F00291000
Health Science Campus: LOS214F00291003

Format as LAST NAME, FIRST NAME

SECTION 1: STUDENT INFORMATION (Completed by Student)

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

Student Email Address:
tommytrojan@usc.edu

Name of School Recommending STEM OPT:
University of Southern California

Name of School Where STEM Degree Was Earned:
University of Southern California

SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):
Enter USC SEVIS School Code on page 1 of OPT I-20

Designated School Official (DSO) Name and Contact Information:
DSO Name*, 649 W 34th Street, LA, CA 90089, 213-740-2666, ois@usc.edu

Student SEVIS ID No.:
N**********

STEM OPT Requested Period (mm-dd-yyyy):
From: 05/12/2024
To: 05/11/2026

Qualifying Major and Classification of Instructional Programs (CIP) Code: Computer Science, 11.0701

Name of major and CIP code – refer to "Major" on Page 1 of your I-20

Level/Type of Qualifying Degree: Master's

Bachelor's, Master's, or PhD/Doctorate

Date Awarded (mm-dd-yyyy): MM/DD/YYYY

Date on diploma

Based on Prior Degree? ☐ Yes ☒ No

If you are applying based on your most recently obtained degree from USC, select "No". Most students will select "No". Students that select "Yes" must be applying based on a previously obtained degree.

Employment Authorization Number: XXX-XXX-XXX

Enter 9-digit "USCIS #" printed on front of EAD – not "Card #"

SECTION 2: STUDENT CERTIFICATION

...ry that the statements and information made herein are true and correct to the best of my knowledge, ...e law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using ...his form.

1. I have reviewed, understand, 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 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.

Signature of Student: *Tommy Trojan*

Printed Name of Student: Tommy Trojan

Date (mm-dd-yyyy): 03/21/2024

USCIS accepts wet signatures, e-signatures (using software programs or applications), or electronically reproduced signatures; typed signatures are NOT permitted.

From: Enter the date after your 12-month post-completion OPT EAD expires. Example: If your EAD expires 05/11/2024 enter 05/12/2024.

To: Enter date two years from "From" date. Example: If you entered 05/12/2024 for your start date, your end date will be 05/11/2024.

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).

Revised 04/11/2024

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name: Employer Name as listed in E-verify	Street Address: Address	Suite: Suite
Employer Website URL: Website URL (if none, put N/A)	City: City	State: State / ZIP Code: Zip Code

Employer ID Number (EIN): XX-XXXXXXX	Number of Full-Time Employees in U.S.: #	North American Industry Classification System (NAICS) Code: 2-6 Digit NAICS Code

OPT Hours Per Week (must be at least 20 hours/week): Hours/week	Compensation: A. Salary Amount and Frequency: $Annual salary/hourly rate/etc. & pay frequency

Start Date of Employment (mm-dd-yyyy): 05/12/2024

B. Other Compensation (Type and Estimated Amount or Value):

1. Other forms of compensation
2.
3.
4.

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

3. Within [...] departu[...] departe[...] training [...] on or [...] to have [...] tical

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 [...] employer possesses and maintains the ability and resources to provide structured and guid[...] consistent with this Plan.

Signature of Employer Official with Signatory Authority: *Signature*

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

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

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

Student Name (*Surname/Primary Name, Given Name*):
Trojan, Tommy

Employer Name:
Employer Name as listed in E-verify

EMPLOYER SITE INFORMATION

STUDENTS WORKING REMOTELY:
Site Name should be the employer name. Site address should be the student's home address where remote work is taking place.

Site Name:	Site Address (Street, City, State, ZIP):
Employer Name or Specific Work Site Name	Street, City, State, Zip Code
Name of Official: Supervisor's Name	Official's Title: Supervisor's Title
Official's Email: Supervisor's Email	Official's Phone Number: Supervisor's Phone Number

Name of Official in the Employer Site Information should be your supervisor. This name *does not* need to match the Employer Official signing page 2 and 4.

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.

For Example: Job description for student's position and how it relates to 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.

For Example: List each goal/objective and include how each each goal/objective 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: *Signature*
Name, Title

USCIS accepts wet signatures, e-signatures (using software programs or applications), or electronically reproduced signatures; *typed signatures are NOT permitted.*

Printed Name and Title of Employer Official with Signatory Authority:

Date (mm-dd-yyyy): Date

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-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): _____

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

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.

This section must be signed and dated by the student and their current supervisor

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: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

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

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.

This section must be signed and dated by the student and their current supervisor

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): _____