

GW ISO
I-983 GUIDE

Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your passport.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 7/31/2021

TRAINING PLAN FOR STEM OPT STUDENTS
Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training

Check this date. Always ensure you are using the most recent form from

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): [Redacted]		Student Email Address: [Redacted] Enter current email address	
Name of School Recommending STEM OPT: George Washington University	Name of School Where STEM Degree Was Earned: GW <u>OR</u> name of prior degree university	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): WAS214F00020000	
Designated School Official (DSO) Name and Contact Information: GW ISO Advisor iso@gwu.edu 202-994-4477		Student SEVIS ID No.: SEVIS N# on I20	STEM OPT Requested Period (mm-dd-yyyy): From: One day after OPT End Date on EAD card To: 24 months after date above
Qualifying Major and Classification of Instructional Programs (CIP) Code: STEM Major and 6 digit CIP code as listed on I20		Level/Type of Qualifying Degree: Level of STEM degree (Bachelor's/Master's/Doctorate)	
Date Awarded (mm-dd-yyyy): Date the STEM degree was conferred as shown on transcript/diploma		Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Authorization Number: 9 Digit USCIS # as listed on your Post Completion OPT EAD			

Example: If your EAD card shows that your OPT End Date is 7/15/2021, then your STEM

- Check "Yes" if your STEM OPT is based on a previously-obtained U.S. STEM degree, and is not the same degree upon which your current OPT was granted.
- Check "No" if your STEM OPT is based on your most recently obtained degree, and that is the degree upon which your current Post-Completion OPT is based.

SECTION 2: STUDENT 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 that:

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 (Sign in ink):

Student Signature REQUIRED! DO NOT USE A DIGITAL SIGNAU-

Printed Name of Student:

Print Student Name

Date (mm-dd-yyyy):

Date of Signa-

YOU MUST COMPLETE ALL ITEMS - DO NOT LEAVE ANY FIELDS

Employer Address (Headquarters)

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employee Name: Name of Employer hiring		Street Address:	
Employer Website URL:		Suite:	
Employer ID Number (EIN):		City:	State:
Number of Full-Time Employees in U.S.:		ZIP Code:	
OPT Hours Per Week (must be at least 20 hours/week):		North American Industry Classification System (NAICS) Code:	
Start Date of Employment (mm-dd-yyyy):		Compensation:	
		A. Salary Amount and Frequency:	
		B. Other Compensation (Type and Estimated Amount or Value):	
		1.	
		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.			

- The Employer Identification Number (EIN) is a 9 digit number assigned to businesses by the Internal Revenue Service (IRS).
- The EIN is formatted ##-#####
- DO NOT ENTER THE E-VERIFY NUMBER.

Enter the date after the current Post Completion OPT EAD end date. This date should match the "from" date on page 1 of this

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 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 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 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 (Sign in ink): _____
Printed Name and Title of Employer Official with Signatory Authority: _____
Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: _____

- Signature required. DO NOT USE A DIGITAL SIGNATURE
- It is important to make sure the Employer Official prints both their Name AND Title in the space provided.

YOU MUST COMPLETE ALL ITEMS - DO NOT LEAVE ANY FIELDS

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

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

Employer name must match the employer name as listed in Section 3

EMPLOYER SITE INFORMATION

Site Name:

Name of the site/end client where student will be working.
May or may not be the same as Employer Name.

Site Address (Street, City, State, ZIP):

Address of the site/end client - include street address, city, state, AND zip code

Name of Official:

Name of your on site supervisor

Official's Title:

Official's Email:

Official's Phone Number:

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.

Describe the specific tasks and assignments that the student will perform during employment and how it relates to the student's STEM degree. The plan should cover a specific span of time with detailed specific goals and objectives.

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.

Describe the specific skills, knowledge, and techniques that the student will learn/apply. Include how the student will achieve their training goals along with a training curriculum that includes the timeline.

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.

Explain how the employer provides oversight and supervision to the student.

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.

Explain how the employer measures and confirms whether the student is acquiring new knowledge and skills.

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 (Sign in ink): _____

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

Date (mm-dd-yyyy): _____

- Signature required. DO NOT USE A DIGITAL SIGNATURE
- It is important to make sure the Employer Official prints both their Name AND Title in the space pro-

Evaluation page should be left blank.

This is done during employment validation reports at the 12 and 24 month mark while the student is on STEM.

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): _____

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): _____

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): _____