

Completing Form I-983

Guide to be used by student when completing Section 1 of Form I-983

The purpose of this guide is to help the student complete Section 1 of the [Form I-983](#) correctly. **This information has been adapted directly from the Form I-983 Instruction page. Revisions have been included where appropriate to clarify information as it pertains to students who are on currently OPT/STEM OPT upon completion of a degree earned at the University of Florida.** The student should also refer to the formal [Form I-983 Instruction](#) page for further guidance on completing the remainder Form I-983. Any student or employer questions regarding completing all other sections of Form I-983 should be directed to SEVP@ice.dhs.gov.

Section 1: Student Information (Completed by Student):

- o **Student Name:** Enter your full name (Surname, Given Name) exactly as it appears on your Form I-20.
- o **Student Email Address:** Enter the email address where you can be contacted.
- o **Name of School Recommending STEM OPT:** You may find this information in the "**School Information**" section of your Form I-20; enter the school name exactly as it appears in the Form I-20.
- o **Name of School Where STEM Degree Was Earned:** If your degree was earned from the University of Florida, the information is same as above; if your application is based on a prior STEM degree not from the University of Florida, enter the name of the school that awarded the degree.
- o **SEVIS School Code of School Recommending STEM OPT:** You may find this information in the "**School Information**" section of your Form I-20; enter the school code exactly as it appears on the I-20 (including the 3-digit suffix).
- o **DSO Name and Contact Information:** Enter the full name and contact information, including official address, phone, and email, of the DSO who is recommending this STEM OPT and processed this Form I-983.

For a list of the DSOs at the University of Florida, please see the [ISS Staff Listing](#); your DSO is the advisor assigned to work with the part of the alphabet that corresponds to your surname.

- o **Student SEVIS ID Number:** Enter your SEVIS ID number, found on top left hand side of your Form I-20.
- o **STEM OPT Requested Period:** Enter the period during which you are requesting to work on STEM OPT (regardless of whether the authorized dates match actual training dates).
 - If you are currently on the 12-Month Post-Completion OPT, the start date entered here should be the day immediately following your current OPT end date. For example, if your current EAD ends May 15th, then your start date is May 16th.
 - If you are currently on the 17-Month STEM OPT, the start date entered here should be on or before your application is filed with USCIS. For example, if you anticipate that your application will reach USCIS on or about June 30th, then your start date should be no later than June 30th. The end date should be 7 Months from the current STEM OPT EAD end date. The F-1 student and the student's employer will be subject to the terms and conditions of the Form I-983 as of the date of receipt at USCIS and thus the requested period should identify a start date on or before proper filing at USCIS.
- o **Qualifying Major and Classification of Instructional Programs (CIP) Code:** Enter your STEM major that qualifies you for the STEM OPT extension, as well as the degree's (CIP) code. You may find this information on the "**Program of Study**" section of your Form I-20. You may also verify that your CIP code (listed on your I-20) is included in DHS's [STEM Designated Degree Program list](#).
- o **Level/Type of Qualifying Degree:** Enter the academic level upon which you are basing STEM OPT. For example, enter Bachelor's, Master's, or Ph.D.
- o **Date Awarded:** Enter the date when the degree, upon which STEM OPT will be based, was awarded. This is the same as your graduation date, as noted in your diploma and school transcript.
- o **Based on Prior Degree?** Check "Yes" if your STEM OPT participation is based on a previously-obtained STEM degree, and is not the same degree upon which your current post-completion OPT was granted. Check "No" if your STEM OPT participation is based on your most recently obtained degree, and that is the degree upon which your current post-completion OPT is based.
- o **Employment Authorization Number:** Enter your "A" number, which is noted on your Employment Authorization Document (EAD) card.

If you have questions about completion of Section 1 information, not addressed in this guide, please contact your DSO for guidance.

Regarding Section 3: EMPLOYER INFORMATION (Completed by Employer)

If you are employed by a University of Florida department, here are the three responses to the relevant questions in section 3:

- UF's EIN: 59-6002052
- UF's Number of Full Time employees in the U.S.:26,400
- UF's North American Industry Classification System Code: 611310

If you are not employed by UF, please contact your employer for the relevant information.

**Guide to be used when completing Section 5 of Form I-983, provided by
Fragomen, Del Rey, Bernsen & Loewy, LLP**

Form I-983, Section 5:


















<p>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.</p>	<p>Template response: The student is employed as a <JOB TITLE> at <COMPANY NAME>. In this role, <HE/SHE> will perform the following duties <JOB DUTIES>. <HIS/HER > <BS, MS or Ph.D.> degree in the field of <STEM FIELD> is directly related to <HIS/HER > work as a <JOB TITLE> in that <LIST A FEW JOB DUTIES> involve(s) practical application of the following theoretical concepts from the < STEM FIELD>: <LIST A FEW CONCEPTS>.</p>
<p>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.</p>	<p>Template response: The following goals have been identified for the F-1 student: <LIST 3-5 GOALS IN RELATION TO THE SPECIFIC SKILLS, TECHNIQUES AND KNOWLEDGE TO BE GAINED FROM THE JOB AND DESCRIBE HOW THE F-1 WILL ACHIEVE THE GOALS THROUGH ITS TASKS AND TRAINING OPPORTUNITIES.></p>
<p>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.</p>	<p>When responding to this question, describe role of supervisor(s). Does supervisor assign work, review/assess work, sign off on work? Does the supervisor provide formal or informal training? How else does the supervisor provide oversight and supervision to the F-1 student? How does the supervision fit into a training program, if one exists?</p>
<p>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.</p>	<p>When responding to this section, describe the methods for assessing the F-1 student’s performance and how frequently assessments occur. Keep in mind that the employer is required to measure the F-1 student’s progress in meeting the goals and objectives outlined above. It is not required to do a subjective assessment of the F-1 employee’s capabilities.</p>
<p>Additional remarks (optional): Provide additional information pertinent to the Plan.</p>	<p>Optional.</p>

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

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 03-31-2019

TRAINING PLAN FOR STEM OPT STUDENTS


Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): 		Student Email Address: 	
Name of School Recommending STEM OPT:  University of Florida	Name of School Where STEM Degree Was Earned: 	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):  MIA214F00115000	
Designated School Official (DSO) Name and Contact Information: 	Student SEVIS ID No.: 	STEM OPT Requested Period (mm-dd-yyyy): From:  To: 	
Qualifying Major and Classification of Instructional Programs (CIP) Code: 			
Level/Type of Qualifying Degree: 			
Date Awarded (mm-dd-yyyy): 			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No 			
Employment Authorization Number: 			
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:			
<ol style="list-style-type: none"> 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: 			
Printed Name of Student:  Date (mm-dd-yyyy): 			


SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employer Name:	Street Address:	Suite: _____	
Employer Website URL:	City: _____	State: _____	ZIP Code: _____
Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code:	
OPT Hours Per Week (must be at least 20 hours/week):	Compensation:		
Start Date of Employment (mm-dd-yyyy):	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.			
I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:			
<ol style="list-style-type: none"> 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 (<i>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</i>); and 4. I will adhere to all applicable regulatory provisions that govern this program (<i>see 8 CFR Part 214</i>), which include, but are not limited to, the following: <ol style="list-style-type: none"> 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:			
Printed Name and Title of Employer Official with Signatory Authority:			
Date (mm-dd-yyyy):		Printed Name of Employing Organization:	


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


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


Employer Name: 


EMPLOYER SITE INFORMATION


Site Name: 

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


Name of Official: 


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. 

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. 

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: _____



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



Date (mm-dd-yyyy): _____



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): _____



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): _____



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): _____