**Guidelines for Completing Form I-983 for STEM OPT Extension**

- Download the most current version of Form I-983 at [https://studyinthestates.dhs.gov/form-i-983-overview](https://studyinthestates.dhs.gov/form-i-983-overview).
- Use the following instructions to assist you and your Employer in completing the Form I-983. *An incomplete or incorrect Form I-983 will result in delays in processing your STEM OPT I-20.*
- Submit all 5 pages of the Form I-983 with your STEM OPT Packet. Leave Page 5 Evaluation on Student Progress blank. You will submit this at a later time.
- Refer to instructions found the US Department of Homeland Security’s website, Study in the States – STEM Hub: [https://studyinthestates.dhs.gov/stem-opt-hub](https://studyinthestates.dhs.gov/stem-opt-hub) for additional information.

### FORM I-983

<table>
<thead>
<tr>
<th>Section 1: Student Information (Completed by Student)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name</strong> (Surname/Primary Name, Given Name):</td>
</tr>
<tr>
<td><strong>Name of School Recommending STEM OPT:</strong></td>
</tr>
<tr>
<td><strong>Name of School Where STEM Degree Was Earned:</strong></td>
</tr>
<tr>
<td><strong>SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):</strong></td>
</tr>
<tr>
<td><strong>Designated School Official (DSO) Name and Contact Information:</strong></td>
</tr>
<tr>
<td><strong>Student SEVIS ID No.:</strong></td>
</tr>
<tr>
<td><strong>Date after current OPT EAD end date:</strong></td>
</tr>
<tr>
<td><strong>Date 24 months after date above:</strong></td>
</tr>
<tr>
<td><strong>Date STEM degree was conferred as listed on transcript or diploma:</strong></td>
</tr>
<tr>
<td><strong>Qualifying Major and Classification of Instructional Programs (CIP) Code:</strong></td>
</tr>
<tr>
<td><strong>Level/Type of Qualifying Degree:</strong></td>
</tr>
<tr>
<td><strong>Date Awarded (mm-dd-yyyy):</strong></td>
</tr>
<tr>
<td><strong>Based on Prior Degree?</strong></td>
</tr>
<tr>
<td><strong>Employment Authorization Number:</strong></td>
</tr>
</tbody>
</table>

- **California State University, Fullerton**
- **Jean Hotta / iss@fullerton.edu / 657-278-2787**
- **LOS214F00210000**
- **Date after current OPT EAD end date**
- **Date 24 months after date above**
- **STEM Major AND 6-digit code listed on I-20**
- **Level of STEM degree (Bachelor’s / Master’s / Doctorate)**
- **9-digit USCIS# found on OPT EAD**

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**Based on Prior Degree?**

- Check “Yes” if you STEM OPT extension is based on a previously-earned US STEM degree and is not the same degree for which used for your current Post-Completion OPT.
- Check “No” if your STEM OPT extension is based on your most recently attained degree which you used for your current Post-Completion OPT.
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: ____________________________

Printed Name of Student: _________________________ Date (mm-dd-yyyy): ____________
**Employer ID Number (EIN)**
- The Employer Identification Number (EIN) is a 9-digit number assigned to businesses by the Internal Revenue Service (IRS).
- The EIN is formatted ##-########
- This is different from the employer’s E-Verify number.
- **DO NOT ENTER THE E-VERIFY NUMBER.**

**Start Date of Employment**
- Enter date after current OPT EAD end date.
- Must match “From” date on Page 1, Section 1.
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: __________________________

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

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

Section 4: Employer Certification
- Signature required. Do not use a digital signature.
- Make sure the Employer Official prints Name AND Title in space provided.
Complete ALL items in Section 5. Read the question carefully and answer all questions in as much detail as possible. Do not leave any field blank.

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>(Surname/Primary Name, Given Name):</td>
</tr>
<tr>
<td>Employer Name</td>
<td>Employer Name must match employer name in Section 3.</td>
</tr>
<tr>
<td>Site Name</td>
<td>If not same as Employer Name, name of site where student will be performing STEM OPT.</td>
</tr>
<tr>
<td>Site Address (Street, City, State, ZIP):</td>
<td>Include Street Address AND City, State, ZIP.</td>
</tr>
<tr>
<td>Name of Official</td>
<td></td>
</tr>
<tr>
<td>Official's Email</td>
<td></td>
</tr>
<tr>
<td>Official's Title</td>
<td></td>
</tr>
<tr>
<td>Official's Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

**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 what tasks and assignments the student will carry out during the training and how these relate to the student's STEM degree.** The plan must cover a specific span of time, and detail 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 the student will learn or apply; how the student will achieve the goals set out for his or her training; and the training curriculum including the timeline.**

**Employer Oversight:** Explain how the employer provides oversight and supervision of the student.

**Measures and Assessments:** Explain how the employer measures and confirms whether the student is acquiring new knowledge and skills.

**Explain how the employer provides oversight and supervision of the student.**

**Explain how the employer measures and confirms whether the student is acquiring new knowledge and skills.**
Section 6: Employer Certification

- Signature required. Do not use a digital signature.
- Make sure the Employer Official prints Name **AND** Title in space provided.
Page 5: Evaluation on Student Progress. Leave blank. You will submit this at a later time.