Adapted by UW-Madison (and inspired by the University of Michigan) from the following source:
ICE Form I-983 Instructions

Completing the Form I-983

TRAINING PLAN FOR STEM OPT STUDENTS

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

STEM OPT students and their employers are subject to the terms of the Form I-983, Training Plan for STEM OPT Students, effective as of the start date requested for STEM OPT on the Form I-983.

Section 1: Student Information (Completed by Student):

- ***Student Name:*** Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your I-20.
- ***Student Email Address:*** Enter the email address where you can currently be contacted.
- ***Name of School Recommending STEM OPT:*** Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT. If this school is UW-Madison, please enter "University of Wisconsin-Madison."
- ***Name of School Where STEM Degree Was Earned:*** Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.
- ***SEVIS School Code of School Recommending STEM OPT***: Enter the SEVIS School code of the school recommending the STEM OPT (including the 3-digit suffix). This would be your current school or school of most recent enrollment.
    - For UW-Madison, the school code is CHI214F20246000
- ***DSO Name, Email and Phone Number:***
    - Enter the full name of your assigned ISS Advisor or the DSO that signed your most recent Form I-20.
    - Enter the ISS general email iss@iss.wisc.edu or the DSO's direct email address.
    - Enter the ISS general phone number: 608-262-2044
- ***Student SEVIS ID Number:*** Enter your SEVIS identification (ID) number. This is on page 1 of your I-20 in the upper left hand corner, and begins with the letter "N."
- ***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). Note that the STEM OPT extension may not end more than 24 months after the scheduled termination of the student's Employment Authorization Document for the current period of post-completion OPT. The start date for the STEM OPT extension should be the day after your current 12-month OPT ends.
- ***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. Your CIP code is listed on page 1 of the Form I-20, under Program of Study.
- ***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.)
- ***Date Awarded:*** Enter the date when the degree, upon which STEM OPT will be based, was conferred. The conferral date is listed on a student's transcript.

- ***Based on Prior Degree?*** Check the box 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. 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, leave this box blank.
- ***Employment Authorization Number:*** Enter your "USCIS#" found on the OPT Employment Authorization Document (EAD card).

Section 2: Student Certification:

- ***Student Certification:*** Review the certification and affirm the statement by signature. See the ICE Form I-983 instructions for information on acceptable signatures.

Section 3: Employer Information (Completed by Employer):

- ***Employer Name:*** Enter your company, university, etc. name.
- ***Street Address, Suite, City, State, Zip Code:*** Enter the employer or company mailing address.
- ***Employer Website URL:*** Enter the employer website URL, if available. If no website exists, enter N/A.
- ***Employer ID Number (EIN):*** Enter the Employer Identification Number (EIN). This is NOT the same as the E-Verify number.
- ***Number of Full-Time Employees in the United States:*** Provide the number of full-time employees in the United States.
- ***North American Industry Classification System (NAICS) Code:*** Enter the company's NAICS code. Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy. NAICS codes are accessible at the U.S. Census Bureau website.
- ***OPT Training Hours per Week:*** Enter the agreed-upon number of average training hours per week. In order to qualify for STEM OPT, the student must work **more** than 20 hours per week.
- ***Start Date of Employment:*** Enter the date when the student will begin the STEM OPT training with the employer.
- ***Compensation:*** Enter the dollar amount of salary, stipend, and/or other compensation, and the frequency of pay (per hour, per week, bi-weekly, monthly). Other compensation may include housing, tuition waivers, transportation costs, etc. Note: The terms and conditions of a STEM practical training opportunity (including duties, hours, and compensation) must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work **more** than 20 hours per week while employed.

Section 4: Employer Certification:

- ***Employer Certification:*** The Employer Official with Signatory Authority, who is an appropriate individual in the employer's organization, who is familiar with the student's goals and performance, and who is an employee who has signatory authority for the employer should review the certification and affirm the statement by signature. See the ICE Form I-983 instructions for information on acceptable signatures.

- ***Note for Employer Official with Signatory Authority:*** The Employer Official with Signatory Authority attestation includes the certification at Section 4 (d) which states "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."

Section 5: Training Plan for STEM OPT Students (Completed by Employer):

In order to better ensure the academic benefit and integrity of the extension, Federal regulations require each STEM OPT student to prepare and execute with his or her prospective employer a formal training plan that identifies learning objectives and a plan for achieving those objectives. The STEM OPT student and his or her employer must work together to finalize the plan.

- ***Student Name:*** Enter the student's name (Surname/Primary Name, Given Name) exactly as it appears on the student's SEVIS-issued Form I-20, "Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students." This should also match the student's name as it appears in "Section 1: Student Information".
- ***Employer Name:*** Enter the employer's name, as it appears in "Section 3: Employer Information."
- ***Site Name:*** Enter the employer's site name, which may be the same as employer name in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name of this work site.
    - If the job is 100% remote, enter "Remote Work" as the employer's site name.
- ***Site Address:*** Enter the exact address of the work site where the STEM practical training will take place. If the job is 100% remote, the site address should be the primary address the employee works from, even if it is a personal address.
- ***Name of Official:*** Enter the name of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance. This may or may not be the same Employer Official as in Section 4.
- ***Official's Title:*** Enter the title of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
- ***Official's Email:*** Enter the email address of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
- ***Official's Phone Number:*** Enter the phone number of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.

- ***Student Role and the Training Program's Direct Relationship to the Student's 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 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 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, a description of this program or policy may suffice to answer the question.
- ***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, a description of this program or policy may suffice to answer the question.
- ***Additional Remarks.*** Provide any additional pertinent information. If the job is remote or hybrid, include additional information here.

Section 6: Employer Official Certification:

- ***Certification of Official with Signatory Authority:*** *Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer Certification in Section 4.* An employee with signatory authority for the employer should review the certification and affirm the statement by signature. On the material change certification (#4), please note that material changes in the plan can include (but are not limited to) the following: any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Form I-983, "Training Plan for STEM OPT Students," 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. See the ICE Form I-983 instructions for information on acceptable signatures.

Evaluation on Student Progress:

- **If you are submitting the I-983 for the first time, you should not complete page 5.**
- Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his or her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.
- The student submits the first assessment within twelve months of their STEM OPT start date and a final evaluation that recaps all the training and knowledge acquired during the complete training period. If a training opportunity ends early, the student must submit the final evaluation within 10 days following the conclusion of the training.
- The student must submit the 12-month and final evaluations no later than 10 days following the conclusion of the appropriate reporting period.
- Enter the range of the student evaluation dates (the timeline for which this evaluation is relevant).

- The student must sign, print name, and enter date of signature.
- The Employer Official with Signatory Authority must sign, print name, and enter the date of signature to show concurrence with the assessment information that the student has entered.
- See the ICE Form I-983 instructions for information on acceptable signatures.