Read the Instructions for Form I-983

This document is a general guide to help you complete form I-983. It is your responsibility to ensure that your form I-983 is completed correctly.

We are required to review your I-983 and verify that it is complete, before we can recommend STEM OPT.

Read the entire *Instructions for Form I-983* provided by ICE (Immigration and Customs Enforcement).
Getting Started

● Make sure you are using the most current version of Form I-983.
● This document provides examples, to be used as a reference. Answer questions as it pertains to you.
Guidelines for Completing I-983

- Not all questions on Form I-983 are explained in this guide.
- Fill out the form via PDF. If all of the information does not fit, then handwrite your answers legibly on the form in black ink.
- The form will need to be signed by you (student) as well as your employer. We cannot accept a digital signature.
<table>
<thead>
<tr>
<th>Section 1: Student Information (Completed by Student)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name (Surname/Primary Name, Given Name):</strong></td>
</tr>
<tr>
<td>Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your Form I-20.</td>
</tr>
<tr>
<td><strong>Student Email Address:</strong></td>
</tr>
<tr>
<td>Enter the email address where you can be contacted.</td>
</tr>
<tr>
<td><strong>Name of School Recommending STEM OPT:</strong></td>
</tr>
<tr>
<td>Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT. Most likely: San Jose State University.</td>
</tr>
<tr>
<td><strong>Name of School Where STEM Degree Was Earned:</strong></td>
</tr>
<tr>
<td>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. Most likely: San Jose State University.</td>
</tr>
</tbody>
</table>
Section 1: Student Information (Completed by Student)
Page 1 Continued

**SJSU SEVIS School Code is:** SFR214F00627000.

**DSO, select one:** Khim Lok, Suzanne Pendergrass.

**Then enter the following contact information:** 1 Washington Square; San Jose, CA 95192. Phone: (408)924-5920, Email: international-office@sjsu.edu

*If all of the information does not fit, you may need to write this in.*
Section 1: Student Information (Completed by Student) Page 1 Continued

Student SEVIS ID No.: [Space for input]

Enter your SEVIS identification (ID) number. Starts with the letter N, found on page 1 of your I-20.

STEM OPT Requested Period (mm-dd-yyyy):
From: [Space for input]
To: [Space for input]

The start date should be the day after your current post-completion OPT ends. The end date should be 24 months later.
Example
From: 07-25-2023
To: 07-24-2025
Section 1: Student Information (Completed by Student)  
Page 1 Continued

<table>
<thead>
<tr>
<th>Qualifying Major and Classification of Instructional Programs (CIP) Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level/Type of Qualifying Degree:</td>
</tr>
<tr>
<td>Date Awarded (mm-dd-yyyy):</td>
</tr>
<tr>
<td>Based on Prior Degree?  Yes  No</td>
</tr>
<tr>
<td>Employment Authorization Number:</td>
</tr>
</tbody>
</table>

- **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 degrees (CIP) code. You can find the CIP code on page 1 of your I-20.
- **Level/Type of Qualifying Degree:** Bachelor, Master’s or PhD
- **Date Awarded (mm-dd-yyyy):** Date your STEM degree was awarded.
- **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.
- **Employment Authorization Number:** Enter your “A” number, (which may be found on the Employment Authorization Document).  
  Found under USCIS number on EAD card.
Review the certification and affirm the statement by signature, printed name and date of signature.

Please note: We will not accept a digital signature.

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, understood, 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 in 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):

Printed Name of Student: ___________________________ Date (mm-dd-yyyy): ___________________________
### Section 3: Employer Information (Completed by Employer)

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Street Address:</th>
<th>Suite:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Employer Website URL:</th>
<th>City:</th>
<th>State:</th>
<th>ZIP Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Employer ID Number (EIN):</th>
<th>Number of Full-Time Employees in U.S.:</th>
<th>North American Industry Classification System (NAICS) Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- 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).
- 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 [https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017](https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017)
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 a minimum of 20 hours per week.

Start Date of Employment: Enter the date when the student will begin the STEM OPT training with the employer. This is your STEM OPT start date.

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 at least 20 hours per week while employed.
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. Review the certification and affirm the statement by signature, printed name and title of Employer Official, date of signature, and employer name.

Please note: We will not accept a digital signature.
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 your full name (Surname/Primary Name, Given Name) exactly as it appears on your Form I-20.
- Employer Name: Enter the employer’s name, as it appears in “Section 3: Employer Information.”
Section 5: Training plan for STEM OPT Students (Completed by Student and Employer)
Page 3 Continued

<table>
<thead>
<tr>
<th>EMPLOYER SITE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site Name:</strong></td>
</tr>
<tr>
<td><strong>Name of Official:</strong></td>
</tr>
<tr>
<td><strong>Official’s Email:</strong></td>
</tr>
</tbody>
</table>

- **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.
- **Site Address:** Enter the exact address of the work site where the STEM practical training will take place.
- **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.
Section 5: Training plan for STEM OPT Students (Completed by Student and Employer)

Page 3 Continued

- **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.
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. Review the certification and affirm the statement by signature, printed name and title of Employer Official, and date of signature.

Please note: We will not accept a digital signature.
Page 5: Evaluation and Final Evaluation on Student Progress

Instructions: Page 5 must be submitted, but it is left blank for now.
- You will submit the Evaluation on Student Progress at the 12 month mark of your STEM OPT period.
- You will submit the Final Evaluation on Student Progress at the end of your STEM OPT.

### 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.

<table>
<thead>
<tr>
<th>Range of Evaluation Dates: From (mm-dd-yyyy):</th>
<th>To (mm-dd-yyyy):</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Range of Evaluation Dates: From (mm-dd-yyyy):</th>
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</tr>
</thead>
</table>

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):