



## Guide for Completing Form I-983 Training Plan for STEM OPT Students (Non-Harvard Employers)

### Introduction

The formal training plan, Form I-983, must clearly articulate the STEM OPT student's learning objectives and affirm the employer's commitment to helping the student achieve those objectives. To fulfill this requirement, a student and their employer must complete and sign Form I-983 and submit it to the student's international student advisor.

STEM OPT students and their employers are subject to the terms and conditions of the 24-month STEM OPT extension regulations, effective as of the employment start date requested for the associated STEM OPT period, as indicated on the Form I-983.

The information below is to assist students and their employers to properly complete 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 passport.

**Student Email Address:** Enter current email address

**Name of School Recommending STEM OPT:** Enter school name (see "School Information" section on your Form I-20)

**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:** Harvard University's F-1 School Code is BOS214F00162000

**DSO Name and Contact Information:** Enter the name and contact information of your designated [HIO advisor](#).

**Student SEVIS ID Number:** Enter your SEVIS identification (ID) number (see "SEVIS ID" at top of Form I-20, beginning with N)

**STEM OPT Requested Period:** The duration of your STEM OPT extension is based exclusively on your current OPT end date, regardless of whether the authorized dates match actual training dates.

- **24-Month Extension:** For a student currently on 12-month OPT requesting a STEM OPT extension, the start date should be the day after your current 12-month OPT ends and the end date is fixed at 24 months after the start date.  
*Start date = date immediately after your current 12-month OPT ends*  
*End date = add 24 months from the start date determined above*
- **7-month Extension:** For a student currently on a 17-month STEM OPT extension requesting an additional 7 months for a maximum of 24-months in STEM OPT, the requested period on Form I-983 should identify a start date on or before proper filing at USCIS. Therefore, the HIO recommends the following:  
*Start date = Please list the start date as the date you pass the I-983 for your supervisor's review and signature*  
*End date = Add 7 months to your current 17-month OPT expiration date*

**Qualifying Major and Classification of Instructional Programs (CIP) Code:** Enter the code per Form I-20 for the particular school and degree program you are basing your STEM OPT request.

- If you have a Form I-20 issued in 2015 or later, the CIP code can be found in the "Program of Study" section on page 1. The CIP code is a six-digit code (XX.XXXX) following the major.
- If you are basing your STEM on a prior degree and have a Form I-20 issued prior to 2015, you can find your CIP Code (XX.XXXX) at the top of page 3, preceding the specific major.

**Level/Type of Qualifying Degree:** Enter the academic level upon which you are basing STEM OPT. (For example, Bachelor's, Master's, or Ph.D.)

**Date Awarded:** Enter the program end date listed on the Form I-20 for the particular school and degree program upon which you are basing your STEM OPT request.

**Based on Prior Degree?**

- 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 OPT is based.

**Employment Authorization Number:** Enter your "A" number found on your Employment Authorization document (EAD card).

## **Section 2: Student Certification (Completed by Student)**

**Student Certification:** Review each item carefully and affirm the statements by signing the Form.

### **Section 3: Employer Information (Completed by Employer)**

**Employer Name:** Enter the name of the business

**Street Address, Suite, City, State, Zip Code:** Enter the business's complete mailing address.

**Employer Website URL:** Enter specific website link of the business

**Employer ID Number (EIN):** You may refer to your HR office for this information.

**Number of Full-Time Employees in the United States:** Enter the total number of employees of the business

**North American Industry Classification System (NAICS) Code:** You may refer to your HR office for this information.

This code is used by federal statistical agencies to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.

**OPT Training Hours Per Week:** Enter the agreed-upon number of average working hours per week. In order to qualify for STEM OPT, the student must work a **minimum** of 20 hours per week for each job.

**Start Date of Employment:** Enter the same start date listed in Section 1.

**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.

### **Section 4: Employer Certification (Completed by Employer)**

**Employer Certification:** The Employer Official with signatory authority must be an individual who is familiar with the student's goals and responsible for supervising the student during the employment period. The signatory must review each item carefully and affirm the statements by signing the Form.

### **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 student's full name (Surname/Primary Name, Given Name) exactly as it appears on their passport.

**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 the actual work site.

**Site Address:** Enter the exact address of the work site where the STEM OPT will take place.

**Name of Official:** Enter the name of the individual who signed the Employer Certification

**Official's Title:** Enter the title of the above individual

**Official's Email:** Enter the email address of the above individual

**Official's Phone Number:** Enter the phone number of the above individual

***Student Role and the Training Program's Direct Relationship to the Student's Qualifying***

**STEM Degree:** Describe what specific tasks and assignments the student will carry out during their employment, 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 to the student. If the employer has a training program or related policy in place that controls such oversight and supervision, a description of the program or policy may suffice to answer the question.

**Measures and Assessments:** Explain how the employer measures and confirms whether the student is 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 Remark:** Provide any additional pertinent information.

## **Section 6: Employer Official Certification (Completed by Employer)**

***Certification of Official with Signatory Authority:*** Signature by the individual who is familiar with the student's goals and responsible for supervising the student during the employment period. The signatory must review each item carefully and affirm the statements by signing the Form.

### **Evaluation on Student Progress (Page 6 and 7 of Form I-983 – Completed by both Student and Employer)**

During the course of the STEM OPT employment, the student is required to submit self-reported evaluations and assessments. 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.

These evaluations are required at the following times:

- First evaluation (page 6 of Form I-983) required after completion of 12 months of STEM OPT period
- Final evaluation (page 7 of Form I-983) due at conclusion of 24-month STEM OPT period
- **Enter the range of the student evaluation dates:** Enter start and end dates for first 12 months of STEM OPT training period.

**Student Signature:** Student must sign, print name, and enter date of signature.

**Employer Signature:** Signed by the signatory upon agreement with the assessment information that the student has entered for the evaluation portion of Form I-983.

**Upon Completion of the Evaluation:** Student will provide page 6 and page 7 of Form I-983 to the international student office at their school for record purposes.