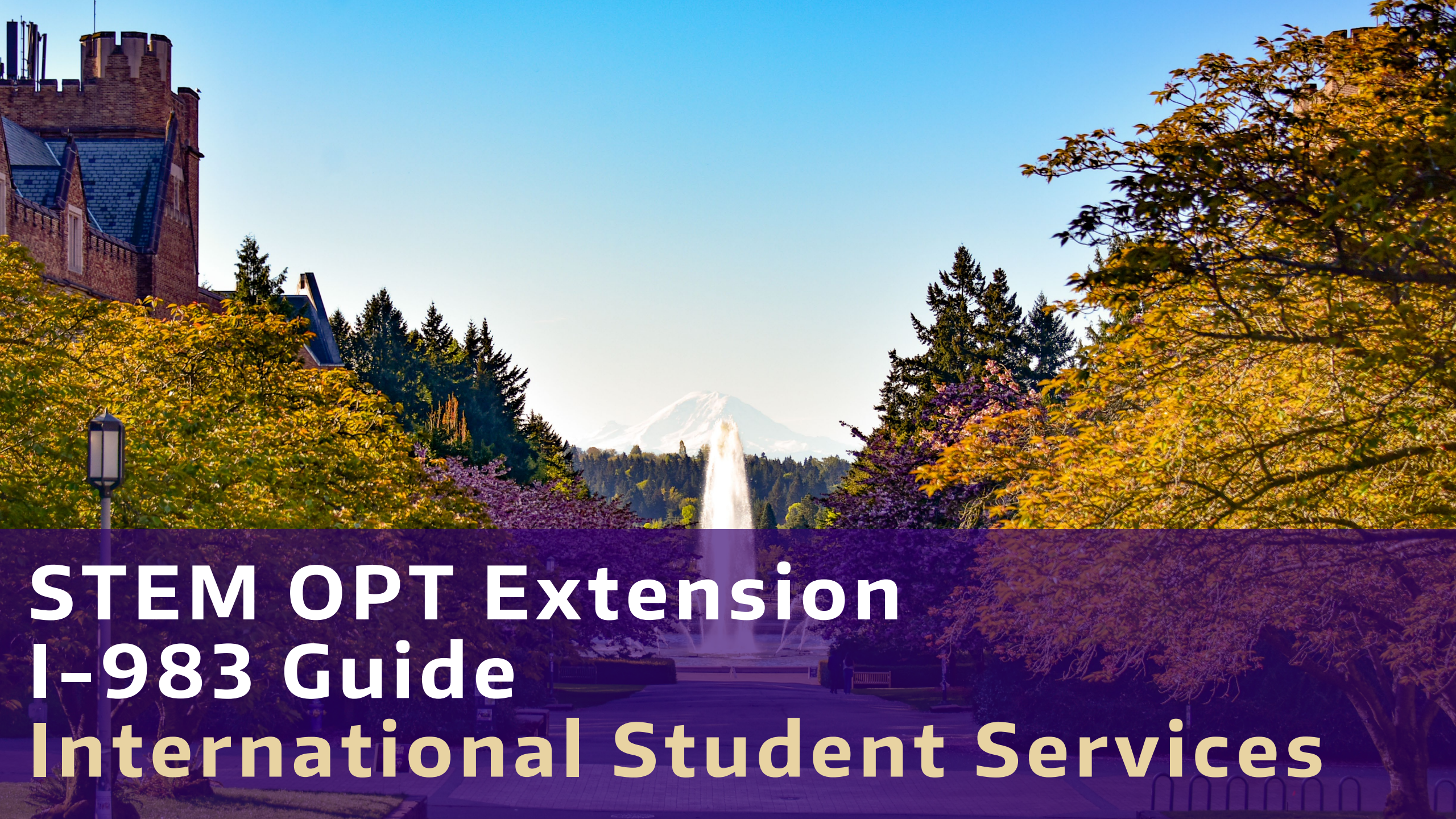


STEM OPT Extension I-983 Guide

International Student Services

Form I-983: Training Plan for STEM OPT Students

The I-983 serves as your "training plan" while on STEM OPT. It outlines your learning objectives with your STEM OPT employer.

- You must complete an I-983 with your employer in order to receive your STEM OPT I-20. The I-983 is a government requirement.
- You should **only complete pages 1-4** of the I-983 when applying for your STEM OPT I-20.
- You do not upload your I-983 to your I-765 application with USCIS.
  - The completed I-983 is retained by ISS.
  - However, if the government requests for your I-983, it must be provided to them.
- If your employer has any questions about STEM OPT or their responsibilities, they are welcome to contact ISS at uwiss@uw.edu.
  - We also have a webpage HERE with information on employing F-1 visa holders.

Section 1: Student Information

Section 1 is completed by the student.

Provide a DSO's name and contact information as listed on the ISS website HERE.

Include a DSO name and the UW ISS email address and phone number.

The SEVIS School code is written on your I-20.

The "From" date is the day after your Post-Completion OPT ends. The "To" date is two years later minus one day.

Example:
Post-Completion OPT ends 06/13/2025
From: 06/14/2025
To: 06/13/2027

SECTION 1: STUDENT INFORMATION (Completed by Student)

Student Name (Surname/Primary Name, Given Name):		Student Email Address:
Name of School Recommending STEM OPT:	Name of School Where STEM Degree Was Earned:	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):
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? ☐ Yes ☐ No

Employment Authorization Number:

Provide the STEM Major Name **and** CIP Code as written on page 1 of your I-20.

Date your STEM degree was awarded (written on your UW transcript).

Answer "No" if you are applying for STEM OPT based on your most recent degree from UW. Answer "Yes" if you are applying based on a degree earned at a previous degree level.

Enter the USCIS# listed on your Post-Completion OPT EAD card.

Provide your degree level: Bachelor's, Master's, Doctorate.

Section 2: Student Certification

Review this section and sign either in ink or digitally.

In the second line, print or type your name.

Accepted Signatures:

Wet Signatures: Print out the I-983 and sign with a pen.

Digital Signatures: Use a digitally reproduced copy of your signature (made by scanning your "wet" signature) or physically sign your pdf with an electronic pen.
We also accept electronic signatures authenticated through apps such as DocuSign.

Note: You should not simply change the font of your typed name to cursive.

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 reductio n 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

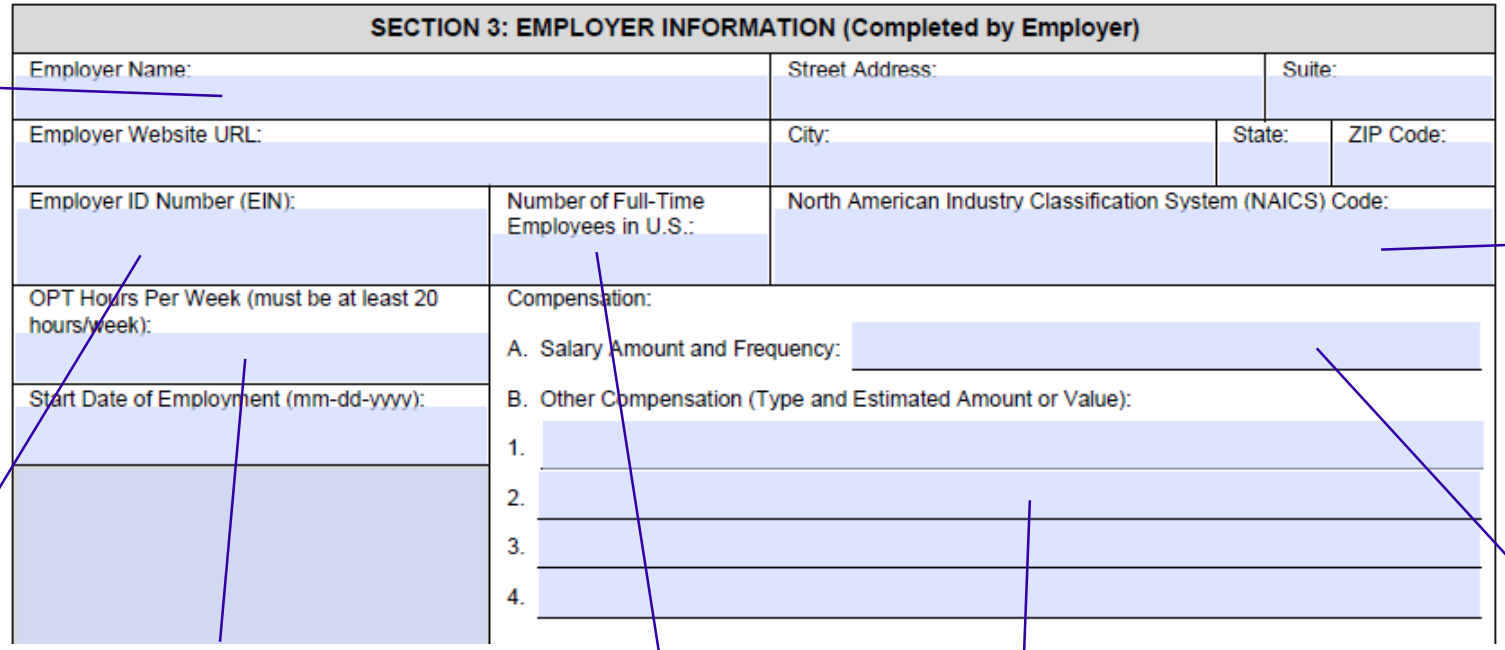
Section 3 should be completed by your employer, not you.

But here are some tips in case your employer has questions.

Enter the STEM employer's name and address information.

If this is a company with multiple locations, provide the headquarters address.

Enter the employer's 9-digit Employer ID Number (EIN).



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: A. Salary Amount and Frequency: B. Other Compensation (Type and Estimated Amount or Value): 1. 2. 3. 4.		
Start Date of Employment (mm-dd-yyyy):				

Provide the company's NAICS Code. The company's HR should have this code.

Provide salary information.

If your position is not salaried, you can write your hourly wage and frequency of pay (i.e., biweekly, monthly).

Enter your start date of employment ***under STEM OPT.***

Note: If you are continuing work with this employer from your Post-Completion OPT period, this date would be your STEM OPT start date.

Approximate number of U.S. employees in the company.

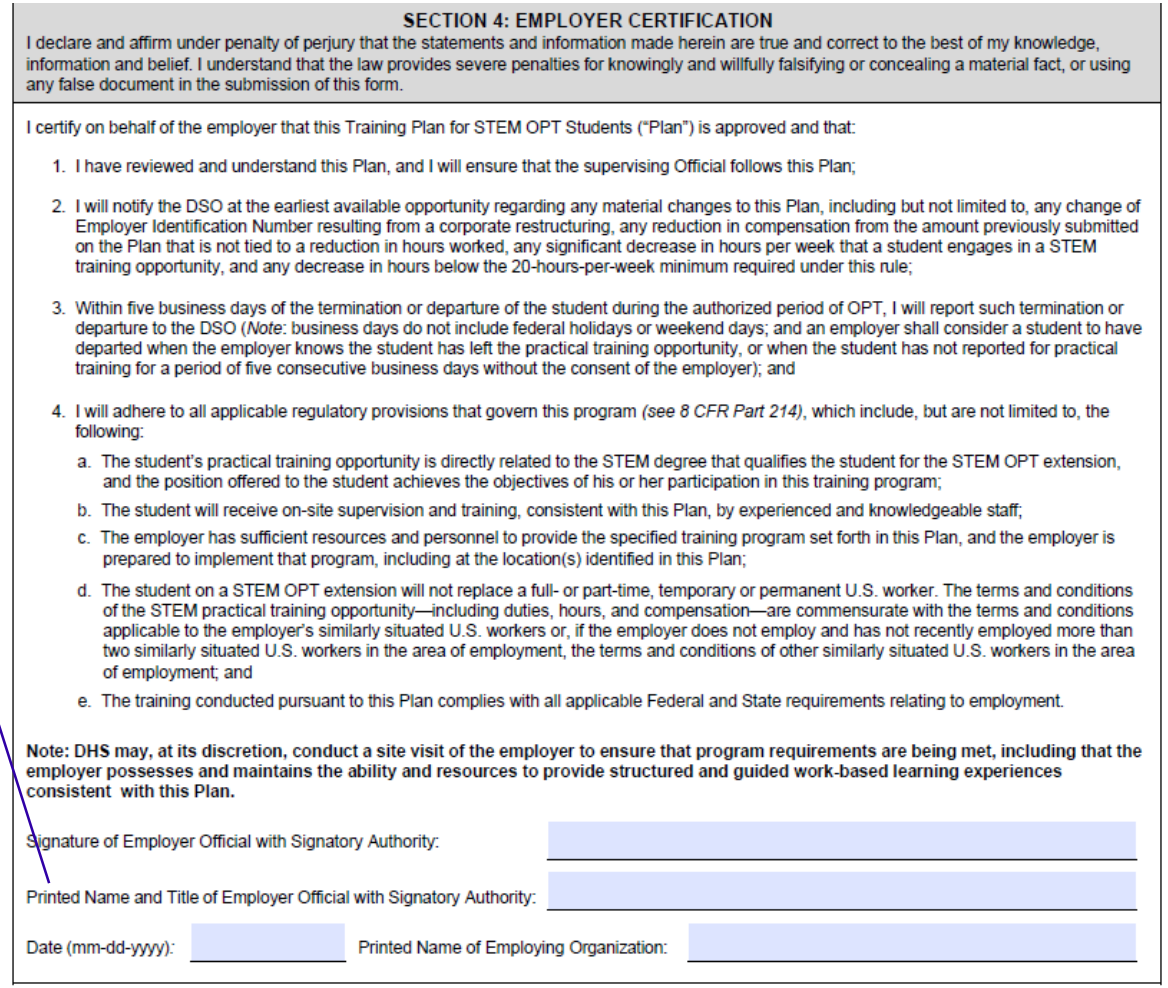
Optional: If there will be additional compensation, please include that here.

Examples: Bonuses, housing stipends, company stock.

Section 4: Employer Certification

Make sure your employer reviews section 4 and understands the responsibilities of the I-983.

This section can be signed by any individual in the employer's organization who is familiar with the training plan.



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:

Accepted Signatures:

Wet Signatures: Print out the I-983 and sign with a pen.

Digital Signatures: Use a digitally reproduced copy of their signature (made by scanning your "wet" signature) or physically sign the pdf by using an electronic pen.
We also accept electronic signatures authenticated through apps such as DocuSign.

Note: You should not simply change the font of your typed name to cursive.

Section 5: Training Plan for STEM OPT Students (1/3)

Section 5 is completed by both you and your employer.

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:

Enter the employing organization's name.

Enter the physical address of where you will be working.

<u>100% Remote Work</u>: If your work is fully remote, you may write your home address.

The "Site Name" might be the same name as the employer name in Section 3.

If you are working anywhere other than company headquarters, provide the name of the worksite where you will be physically working.

<u>100% Remote Work</u>: If your work is fully remote, you may write "Employee's Home".

Provide the information of an individual within the company's organization who is familiar with your position and will oversee your performance.

<u>This is likely your direct manager/supervisor.</u>

Section 5: Training Plan for STEM OPT Students (2/3)

Answer these questions thoroughly and in complete sentences.

Make sure to address each section of the prompt.

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.

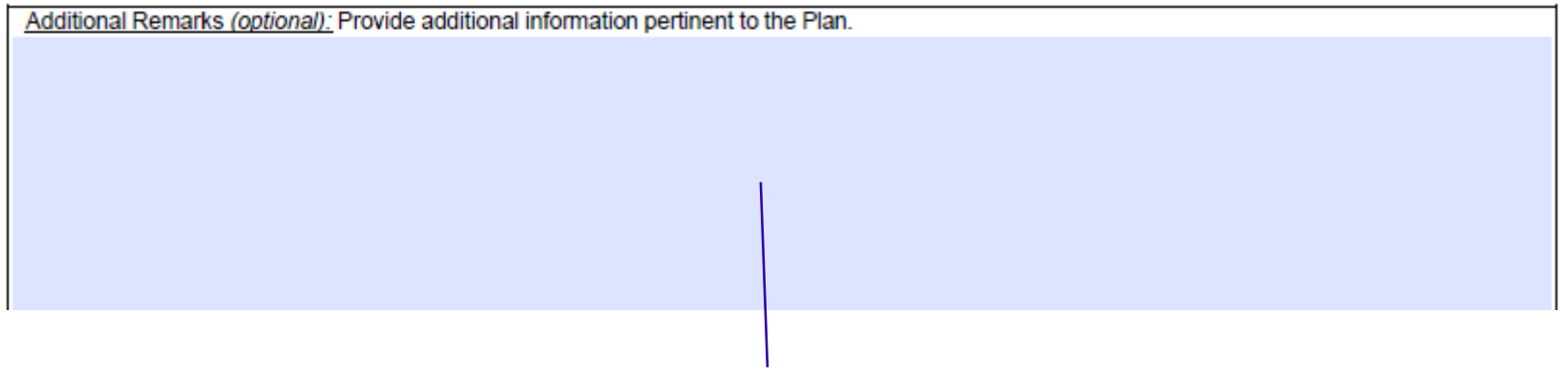
Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her qualifying STEM degree.

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.

Section 5: Training Plan for STEM OPT Students (3/3)



This section is optional. You may leave this blank if there are no additional remarks.

If your employer chooses to write their responses to Section 5 on a separate document, please indicate that here. You can write “View attached addendum”. Make sure you include that addendum in your STEM OPT I-20 request.

Section 6: Employer Official Certification

Make sure your employer reviews section 4 and understands the responsibilities of the I-983.

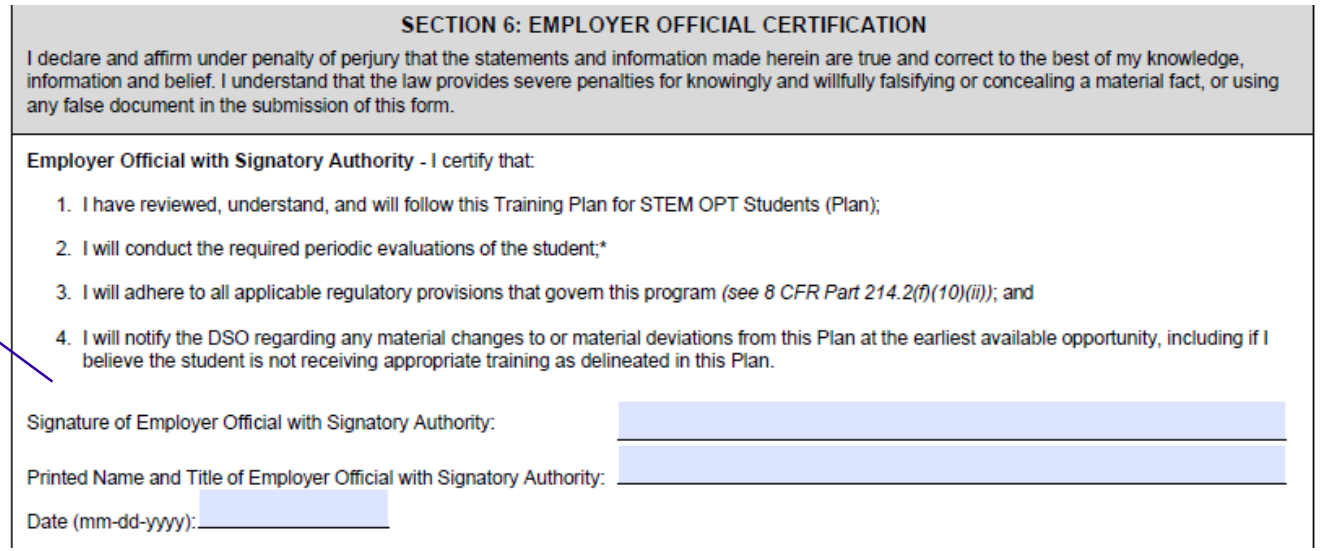
This section can be signed by any individual in the employer's organization who is familiar with the student's training plan. It does not need to be the same individual who signed Section 4, however it can be.

Accepted Signatures:

Wet Signatures: Print out the I-983 and sign with a pen.

Digital Signatures: Use a digitally reproduced copy of their signature (made by scanning your "wet" signature) or physically sign the pdf by using an electronic pen. We also accept electronic signatures authenticated through apps such as DocuSign.

Note: You should not simply change the font of your typed name to cursive.



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): _____

Page 5: Evaluations

- **You should not complete page 5 of the I-983 when you apply for your STEM OPT I-20.**
- You will work on page 5 for your 12-month and 24-month STEM OPT Validation Reports. You can read more about this on our website HERE.
- You will also be expected to complete the Final Evaluation on page 5 if you leave your employer before the end of your STEM OPT period.