



Optional Practical Training: Guide to Completing the I-983 International Student and Scholar Services

300 College Park, Rike Center #204
Dayton, OH 45469-1701
Ph: (937) 229-2748 • Fax: (937) 229-2766

Completing the Form I-983

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. Below are helpful tips for completing the I-983 which both student and employer can use. **If you are applying for standard 12 month OPT, this form is not required.**

It is the student's responsibility to submit an accurate and completed I-983 to ISSS 1) to comply with the new STEM regulations and 2) in order to obtain a STEM I-20. The STEM I-20, along with other documents, must be submitted to USCIS to apply for a STEM extension.

You will need your current I-20 and your EAD card to complete this section.

Section 1: Student Information (Completed by Student):

- a) **Student Name:** Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your I-20.
- b) **Student Email Address:** Enter the email address where you can be contacted.
- c) **Name of School Recommending STEM OPT:** Enter "University of Dayton".
- d) **Name of School Where STEM Degree Was Earned:** Enter "University of Dayton".
- e) **SEVIS School Code of School Recommending STEM OPT:** Enter "CLE214F10200000".
- f) **DSO Name and Contact Information:** Enter:
 1. The full name of the advisor who signed your current I-20.
 2. 300 College Park, Rike Center #204, Dayton OH 45469
 3. iss@udayton.edu
 4. 937-229-2748
- g) **Student SEVIS ID Number:** Enter your SEVIS identification (ID) number.
- h) **STEM OPT Requested Period:** Enter the day after your current 12-month OPT ends in 'From:' and 24 months after that in 'To:'.
- i) **Qualifying Major and Classification of Instructional Programs (CIP) Code:** Enter your STEM major and the degree's (CIP) code. (e.g. Chemical Engineering 14.0701) The following **example** shows where you can find your 6 digit CIP code on your I-20:

PROGRAM OF STUDY		
EDUCATION LEVEL	MAJOR 1	MAJOR 2
MASTER'S	Chemical Engineering 14.0701	None 00.0000
NORMAL PROGRAM LENGTH	PROGRAM ENGLISH PROFICIENCY	ENGLISH PROFICIENCY NOTES
36 Months	Required	Student is proficient
PROGRAM START DATE	PROGRAM END DATE	
17 OCTOBER 2013	31 DECEMBER 2016	

- j) **Level/Type of Qualifying Degree:** Enter the academic level of the degree above. (For example, enter Bachelor's, Master's, or Ph.D.)
- k) **Date Awarded:** Enter the date when the degree above was awarded.
- l) **Based on Prior Degree?** Check "No" if your STEM OPT participation is based on your most recently obtained degree (**the degree on your current I-20**). Only check "Yes" if your STEM OPT participation is based on a previously-obtained STEM degree (**not the degree on your current I-20**).
- m) **Employment Authorization Number:** Enter your "A" number found on your Employment Authorization Document (EAD) card.

Section 2: Student Certification: Review the certification and affirm the statement by signature.

Section 3: Employer Information (Completed by Employer):

- a) **Employer Name:** Enter your company, university, etc. name.



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- b) **Street Address, Suite, City, State, Zip Code:** Enter the employer or company mailing address.
- c) **Employer Website URL:** Enter employer website URL. If no website exists, enter N/A.
- d) **Employer ID Number (EIN):** Enter the Employer Identification Number (EIN). UD's EIN is 31-0536715.
- e) **Number of Full-Time Employees in the United States:** Provide the number of full-time employees in the United States.
- f) **North American Industry Classification System (NAICS) Code:** Enter the company's NAICS code. NAICS codes are accessible at <http://www.census.gov/eos/www/naics/>
- g) **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.
- h) **Start Date of Employment:** Enter the date when the student will begin the STEM OPT training with the employer.
- i) **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: 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. *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.

- a) **Student Name:** Enter the student's name (Surname/Primary Name, Given Name) exactly as it appears on the student's I-20.
- b) **Employer Name:** Enter the employer's name, as it appears in "Section 3: Employer Information."
- c) **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.
- d) **Site Address:** Enter the exact address of the work site where the STEM practical training will take place.
- e) **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.
- f) **Official's Title:** Enter the title of the person above.
- g) **Official's Email:** Enter the email address the person above.



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- h) **Official's Phone Number:** Enter the phone number of the person above.
- i) **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 particular STEM degree. The plan must cover a specific span of time, and detail specific goals and objectives.
- j) **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.
- k) **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.
- l) **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.
- m) **Additional Remarks.** (Optional) Provide any additional pertinent information.

This section refers to future plans, not work done during the first 12 months of OPT.

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.

Evaluation on Student Progress (page 5):

- These evaluations should be completed during the STEM OPT period. **Do not write anything in this section when you are requesting your initial STEM OPT I-20** for the USCIS application.
- 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 and a final evaluation that recaps all the training and knowledge acquired during the complete training 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.