

Northwest Missouri State University Form I-983 Example and Information

Do NOT fill out the example template on the following pages. You will need to download a blank **Form I-983 Training Plan for STEM OPT Students** (you can find one using [this link](#)) and fill it out using the instructions below.

| 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: | Designated School Official (DSO) Email: | Designated School Official (DSO) Phone Number: | 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? <input type="checkbox"/> | | | | |
| Employment Authorization Number: _____ | | | | |

Student Name (Surname/Primary Name, Given Name): Enter your full name as it appears on your Form I-20.

Student Email Address: List the personal email address you use most frequently.

Name of School Recommending STEM OPT: "Northwest Missouri State University"

Name of School Where STEM Degree Was Earned: "Northwest Missouri State University"

SEVIS School Code of School Recommending STEM OPT: "KAN214F00394000"

DSO Name and Contact Information: "Kas Brady, kbrady@nwmissouri.edu, 660-562-1367"

Student SEVIS ID No.: Your SEVIS ID number is on the top, left hand corner of your I-20, it starts with an N

STEM OPT Requested Period: Your STEM OPT start date is the day immediately following the last day of your initial OPT. Your STEM OPT end date is two years, minus a day from your start date. (Ex. Initial OPT ends on 01/15/2024. STEM OPT starts on 01/16/2024. STEM OPT ends on 1/15/2026)

Qualifying Major and CIP Code: This code can be found on your I-20, in the Program of Study box. It is the code listed under Major. (Ex. "Computer Science 11.0701")

Level/Type of Qualifying Degree: Either "Bachelor's" or "Master's" depending on which degree level you have earned.

Date Awarded: This date can be found on your official academic transcript. (If your transcript does not show date awarded you need to request for a new transcript)

Based on Prior Degree: Since this application is NOT based on a prior degree, you will leave this box blank.

Employment Authorization Number: This number is listed on your Initial OPT EAD under "USCIS #"

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 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: _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Sign your name, print your name and enter the date. You may use electronic signatures on I-983 (but not on I-20's!)

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

This section should be completed by your employer. All boxes/questions must be answered. The employer address should be the main company mailing address.

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

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: _____

This section needs to be filled out and signed by your employer. Electronic signatures are okay.

| 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: |

Student Name: Enter your name

Employer Name: Enter your employer's name as listed in E-verify. If they do business as a name different than the name listed in E-verify, you can format the employer's name like this:

(Name as listed in E-verify), dba (Alternate employer name)

Site Name: Enter the employer's site name, which may be the same as the employer name listed in Section 3. However, if you are working for a branch or subsidiary of a large entity, or anywhere other than the employer's headquarters, provide the name of this work site. **If you are working from home put "Remote".** Please do NOT put the employer's website url here.

Site Address: Enter the address of where you report to work every day. If you are working from home, enter your home address. If you work in a hybrid format, put the address of the building you go to work at. **This is the address that is entered into SEVIS and will show on your I-20.**

Name of Official: Enter the name of the individual in the employer's organization who is familiar with, and will monitor, your goals and performance. This may or may not be the same Employer Official listed in Section 4. **This is the supervisor who will be listed in SEVIS.**

Official's Title: Enter the title of the individual in the employer's organization who is familiar with, and will monitor, your goals and performance.

Official's Email: Enter the email of the individual in the employer's organization who is familiar with, and will monitor, your goals and performance.

Official's Phone Number: Enter the phone number of the individual in the employer's organization who is familiar with, and will monitor, your goals and performance.

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.

Work with your employer to fill in these sections. Each box must be filled out.

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): _____

This signature could be the official who signed Section 4 or the official whose information is listed in Section 5. Electronic signatures are acceptable.

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.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Signature of Student: _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority: _____

Printed Name of Employer Official with Signatory Authority: _____ Date (mm-dd-yyyy): _____

This section is only filled out once you have been on the STEM Extension for one year and are submitting your 12-month validation report. The range of dates should be the start date of your employment to the date you are completing the evaluation. This section is filled out by you and signed by you and your employer.

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.

Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Signature of Student: _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority: _____

Printed Name of Employer Official with Signatory Authority: _____ Date (mm-dd-yyyy): _____

The **Final Evaluation on Student Progress** is filled out when you are completing employment with your employer. This includes leaving your employer during the STEM period **OR** your 24 month validation report, due at the end of your STEM Extension. The range of evaluation dates should be the start date of your employment to the end date of your employment. This section is filled out by you and signed by you and your employer.

When must I submit an I-983?

To apply for the STEM Extension you must submit an I-983 (pages 1-4 filled out)

If you change employers while on the STEM Extension you must submit the I-983 with the final evaluation on the last page filled out and signed. You must also submit a new I-983 (pages 1-4) for your new employer.

For your one-year evaluation you need to submit the Evaluation on Student Progress (top half of page 5).

For your six-month and eighteen-month validation reports you **do not** need to submit an I-983 **unless there are changes to the information on the I-983.**

If there are ever any changes to your employment, such as a new work site or supervisor you must submit an updated I-983 with an OPT reporting request.

For more detailed information about the I-983 [click here](#). Select "I-983 Instructions" for more in depth instructions.