You should list “Stevens Institute of Technology” unless you are applying on a previously earned STEM OPT at another credited school.

Please visit our [website](#) to find out who your Advisor is and their contact information.

Should be “No” unless you are applying based on a prior STEM degree earned at a lower degree level, at an accredited school in the United States.

Cannot be an electronic signature. It must be an original signature.

Start date should be the day after your current 12 month OPT expires. End date should be 24 months later.

STEM eligible CIP code (xx.xxxx) is listed on your I-20 under “Major”

Enter date degree was awarded in MM-DD-YYYY format.

### SECTION 1: STUDENT INFORMATION (Completed by Student)

<table>
<thead>
<tr>
<th>Student Name (Surname/Primary Name, Given Name):</th>
<th>Student Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname, Given Name:</td>
<td>Your Email Address:</td>
</tr>
</tbody>
</table>

**Name of School Recommending STEM OPT:**
Stevens Institute of Technology

**Name of School Where STEM Degree Was Earned:**
Stevens Institute of Technology

**SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):**
NEW214P01106000

**Designated School Official (DSO) Name and Contact Information:**
Advisor Name, Advisor Email, 201-216-5189
1 Castle Point Ter, Hoboken, NJ 07030

**Student SEVIS ID No.:**
NXXXXXXXX

**STEM OPT Requested Period (mm-dd-yyyy):**

**Date Awarded (mm-dd-yyyy):**

**Based on Prior Degree?**

- Yes
- No

**Qualifying Major and Classification of Instructional Programs (CIP) Code:**
Major and x.x.xxxx

**Level/Type of Qualifying Degree:**
Example: Bachelor's/Master's/Ph.D

**Employment Authorization Number:**
Enter USCIS# found on EAD

### 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):**
### 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>
<td>Employer Website URL:</td>
<td>City</td>
<td>State:</td>
</tr>
<tr>
<td>Employer ID Number (EIN):</td>
<td>Number of Full-Time Employees in U.S.:</td>
<td>North American Industry Classification System (NAICS) Code:</td>
</tr>
</tbody>
</table>

#### 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):

Sections 3 and 4 may be completed ONLY by the employer, not the student.

If the student uses a temporary or staffing agency to place them in a training opportunity, the agency cannot complete and sign the Form I-983 UNLESS the staffing agency is an E-verified employer that provides and oversees the actual training.

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 must be commensurate with those applicable to similarly situated U.S. workers, except that STEM OPT participant must work at least 20 hours per week.

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### 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 commencement 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 OPT 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:**

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Start date of your STEM extension (for initial STEM applicants)

OR

Actual start date with this employer if changing jobs while on STEM extension

Cannot be an electronic signature. It must be an original signature.

The ‘Employer Official with Signatory Authority’ is an individual in the company, who is familiar with the student’s goals and performance.
Site Name and Site Address:
The employer’s site name may be the same as 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. The address should be where the STEM practical training will take place.

Student Role:
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.

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 the oversight and supervision, a description of this program or policy may suffice to answer the.

Goals and Objectives:
Describe the specific skills, knowledge, and techniques the student will learn or apply; how the student will achieve these goals set out for his or her training; and the training curriculum including the timeline.

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.

Official Name, Title, Email, Phone Number:
This should be the individual in the employer’s organization who is familiar with, and will monitor, the students’ goals and performances. This may or may not be the same Employer Official as in Section 4.
An employee with signatory authority for the employer should review the certification and affirm the statement by signature.

Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer certification in Section 4.

On the material change certification (#4), please note that material changes in the plan can include (but not limited to) the following:

- any change of Employer Identification Number (EIN) resulting from 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 the 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.
Students should not complete this page when submitting the initial training plan to the DSO.

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 programs. The employer must review and sign the self-evaluation to attest to its accuracy.

NOTE:
If you are changing employers, you must submit to ISSS a self-evaluation for your previous employer, regardless of the amount of time you worked for that employer.

For example, you worked 8 months at company XYZ and now you will go work at company ABC. You will need to submit the self-evaluation for company XYZ AND a new I-983 for company ABC.

The employee with signatory authority for the employer must sign, print name, and enter the date of signature to show concurrence with the assessment information that the student has entered.