

24-MONTH OPT STEM EXTENSION GENERAL INFORMATION

DESCRIPTION OF 24-MONTH STEM EXTENSION

The extension of Optional Practical Training (OPT) from 12 to 36 months is available for F-1 students who have earned a bachelor's, master's or doctoral degree in a STEM (Science, Technology, Engineering, or Mathematics) field and who are employed by businesses enrolled in the E-Verify program. For additional information, please visit <http://www.nafsa.org/stemoptrule>.

ELIGIBILITY REQUIREMENTS FOR STEM EXTENSION

Student Requirements:

- Student must be currently participating in a period of approved post-completion OPT and properly maintaining F-1 status.
- Student must have successfully completed a degree in a program included on the DHS STEM Designated Degree Program List. The degree and CIP code listed on page 1 of the I-20 must match the CIP Code on the DHS STEM Designated Degree Program List. To view this list visit: <http://www.ice.gov/sevis/stemlist.htm>.
- Please note - We are unable to re-classify a student from a non-STEM degree field to a STEM field if the student has already completed his/her degree program and are currently on OPT. If there is a regulation change that would extend eligibility to CIP codes that are currently ineligible, we will include that information on our website.
- STEM Extension may be based on a previously obtained degree. Previous degree must be from an accredited, U.S.-based institution, and the degree must have been earned within the past 10 years.
- Students are eligible for a second STEM extension after completing a subsequent higher STEM degree.
- Student must be working for or have accepted employment with a U.S. employer that is enrolled in E-Verify - <http://www.dhs.gov/e-verify> (job must be directly related to the student's major field of study)
- Student must complete an I-983 Training Plan with their Employer <https://studyinthestates.dhs.gov/students-and-the-form-i-983> ; <https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>
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Employer Requirements:

- Employer must be enrolled in the E-Verify program (<http://www.dhs.gov/e-verify>) and must provide E-Verify Company/Client ID Number to applicant as it must be entered onto the I-765 application form (this is a 5- or 6-digit number issued by DHS; it is separate from the employer's FEIN or Tax ID)
- Employer must complete an I-983 Training Plan with the student - <https://studyinthestates.dhs.gov/students-and-the-form-i-983>; <https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>
 - Explain how training is related to the field of study
 - State training goals and means of supervision/evaluation
 - State duties, hours, compensation, and verify that the compensation is commensurate with similarly employed U.S. workers
 - Sign off on a self-evaluation by the student at two times (12th month and 24th month/end of program)
 - Any substantial change in employment duties will require and updated I-983
- Employer must agree to report the termination or departure of the student who is working on STEM Extension OPT to Capstone International Services at UA. The employer should provide the student's name, SEVIS ID number (if available), and the date that the student's employment ended.

DURATION AND BEGINNING DATE

The STEM extension period starts the first day after the expiration of the student's current period of OPT. NO EXCEPTIONS. STEM extensions are for 24 months.

WHEN TO APPLY

OPT applications (Form I-765 – www.uscis.gov/i-765) for the 24-month STEM extension may be filed as early as 120 days prior to EAD expiration. DHS USCIS will not accept 24-month STEM extension applications after the current EAD expires.

CHANGE OF EMPLOYER WHILE ON OPT STEM EXTENSION

A student may change/add employers at any given time as long as:

- The new employer is enrolled in the E-Verify program (<http://www.dhs.gov/e-verify>) and provides the E-Verify Company/Client ID Number (this is a 5- or 6-digit number issued by DHS; it is separate from the employer's FEIN or Tax ID)
- Employer must complete a new I-983 Training Plan with the student - <https://studyinthestates.dhs.gov/students-and-the-form-i-983>; <https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>.

Any change or addition of employer/employment must be reported to International Services at UA.

USCIS and SEVP advise against changing employers while the I-765 for STEM Extension is pending, since the I-765 petition names a specific employer as your sponsor.

MANDATORY REPORTING REQUIREMENTS

- Students on 24-month OPT STEM extension must report the following events to International Services within 10 days of the event:
 - Change of legal name
 - Change of residential or mailing address and e-mail address
 - Change of employer name or employer address
 - Loss, addition, or change of employment
- 6-Month Confirmation Reports: The student must re-verify employer and residential address information with International Services every 6 months, even if there is no change.
- 12-Month and 24-Month Evaluations: The student must also complete and submit a self-evaluation using the I-983, signed by the employer and submitted to International Services at months 12 and 24 of the STEM Employment Period.

UNEMPLOYMENT PROVISION

During post-completion OPT, F-1 status is dependent upon employment. Students granted a 24-month extension may not accrue an aggregate of more than 150 days of unemployment during the total 36-month OPT period (this includes any unemployment time accrued during the initial 12-month OPT).

**F-1 OPT STEM
Application**

BIOGRAPHIC INFORMATION

Full Name (as in passport): _____
 Family/ Last Name (Surname) Given Name (First) Middle Name (if any)
 Date of Birth (mmm/dd/yyyy - i.e. March 27, 1975): _____ Gender : male female
 UA Campus-Wide ID (CWID) Number: _____ SEVIS I-20# **N00** _____

CONTACT INFORMATION

Current Address: _____

 Phone Number: _____ E-Mail Address: _____

ACADEMIC PROGRAM (MAJOR AND GRADUATION DATE)

Is your STEM Extension based on your current/most recent degree or a previous degree?
 Current/Most Recent Degree from UA
 Previous Degree
Degree Level: Bachelor's Master's Doctoral
► Academic Major(s): _____
Graduation Date: _____
 (mmm/dd/yyyy - i.e. Dec. 15, 2013)
 NOTE: Include copies of diploma and transcripts for degree(s)
 Must be on STEM List: <http://www.ice.gov/sevis/stemlist.htm>.

PRACTICAL TRAINING DATA

Current OPT End-date:	Have you received prior OPT STEM Authorization?	<input type="checkbox"/> Yes ► <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD
		<input type="checkbox"/> No

EMPLOYER DATA (REQUIRED FOR ALL OPT STEM EXTENSIONS)

Employer Name:			
Employer Address:			
Supervisor's Name:	Supervisor's Phone:		
Supervisor's Email:	Your Job Title:		
Employer's Tax ID/FEIN	Employer's E-Verify #		

DOCUMENT AND REQUIREMENT CHECKLIST

<input type="checkbox"/> Complete STEM OPT Application Form <input type="checkbox"/> Signed Student Responsibility Checklist <input type="checkbox"/> Copies of all I-20s <input type="checkbox"/> Copy of main passport page <input type="checkbox"/> Copy of most recent visa stamp <input type="checkbox"/> Copy of I-94 - https://i94.cbp.dhs.gov/I94/request.html <input type="checkbox"/> Completed Form I-765 - www.uscis.gov/i-765 <input type="checkbox"/> 2 passport-style photos (2 x 2 inches) <input type="checkbox"/> Check to "Department of Homeland Security" for \$630	<input type="checkbox"/> Completed Form I-983 https://studyinthestates.dhs.gov/students-and-the-form-i-983 <input type="checkbox"/> Copy of current EAD Card for OPT <input type="checkbox"/> Copy of Diploma/Transcripts (including for previous STEM degree if STEM extension is based on previous degree) <input type="checkbox"/> Employer's E-Verify Number <input type="checkbox"/> Job Offer/Employment Letter <input type="checkbox"/> No more than 90 days of unemployment during current OPT <input type="checkbox"/> Maintained F-1 Status <input type="checkbox"/> Reported all Address, Name, Email, & Employment changes
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CAPSTONE INT'L SERVICE NOTES

Advisor's Initials

Date Received

Date Completed

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STUDENT RESPONSIBILITY AGREEMENT

While on practical training you must continue to abide by the rules and regulations governing your visa status. Please carefully read the statements below and place a check mark in the box next to each statement that applies to the type of practical training application that you are applying for. Sign at the bottom of the page. Your check marks and signature indicate your understanding and agreement to abide by the statements made.

OPTIONAL PRACTICAL TRAINING RESPONSIBILITY CHECKLIST

- I understand that a 24-month STEM OPT extension will be recommended by Capstone International Services on a new I-20 and acknowledge that this does not ensure STEM extension approval.
- I understand that I must meet all extension requirements including being employed with an employer who is part of the E-verify program in order to be granted a 24-month STEM extension.
- I understand that I am required by current immigration regulations to complete an I-983 Training Plan with my employer and submit it to International Services - <https://studyinthestates.dhs.gov/students-and-the-form-i-983>, <https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>, and that any change in my employment or change of employer will require submission of a new Form I-983.
- I understand that USCIS may refuse to grant a STEM extension if I do not submit all required application materials.
- I understand that my STEM extension materials must be timely-filed and received by the USCIS Service Center with jurisdiction over my current place of residence prior to my initial OPT EAD authorization end date in order to be eligible for the automatic extension of status and work authorization until a final decision on the I-765 or for 180 days (whichever is first).
- I understand that USCIS and SEVP advise against changing employers while the I-765 is pending, since the I-765 names a specific employer and that I should consult with an attorney regarding the effect of changing to an employer that is not the employer named on the I-765 while my I-765 is still pending.
- I understand that I am required by current immigration regulations to make a 12-Month and 24-Month I-983 Report, by completing and submitting a self-evaluation using the I-983, signed by the employer and submitted to International Services at months 12 and 24 of the STEM Employment Period.
- I understand that I am required by current immigration regulations to report the following to International Services within 10 days of any change of: legal name; residential or mailing address; employer name; employer address; and/or loss of employment.
- I understand that I am required by current immigration regulations re-verify employer and residential address information with International Services every 6 months, even if there is no change.
- I understand that I may not accrue more than 150 days of unemployment during the combined 36 months of OPT authorization (initial OPT authorization through STEM extension period).
- I understand that though I may change employers after being granted a STEM extension by USCIS, all of my employment must be in my major field of study and with an employer who is a part of the E-verify program.
- I understand that I am only authorized to work until the end date indicated on the Employment Authorization Document (EAD) issued by USCIS for my 24-month STEM extension.
- I understand that Capstone International Services advises against traveling while my initial EAD card is expired and I have not yet received my new EAD card for my STEM extension.
- I understand that if I travel before or after the EAD is issued, International Services assumes no responsibility for any difficulties I encounter. I also understand that (1) If I travel before the EAD is issued then upon my attempt to re-enter the U.S., I may be asked for evidence to show that I am looking for a job, (2) if I travel after my EAD is issued I can only reenter the U.S. to RESUME employment, which means that I must already have a job or a job offer, (3) I acknowledge that if I travel while the EAD application is pending and the EAD card is issued prior to my return to the U.S., that I must have a job upon my re-entry to the U.S.
- I understand that it is my responsibility to obtain a travel signature from Capstone International Services if I am going to travel outside the U.S. while I am on OPT and also understand that a **travel signature is only valid for 6 months** during the OPT authorization period.

I certify that the above information is correct and complete, and that I shall notify UA of any change in my personal information.

Signature: _____ Date: _____

F-1 OPT STEM Checklist

WHAT TO SUBMIT FOR STEM OPT EXTENSION

OPT Application & Signed Student Responsibility Checklist (pages 3 & 4 of OPT STEM Packet)

Copies of I-20s, passport, visa, and I-94

Copy of EAD Card

Copies of diploma and transcripts

Form I-983 - <https://studyinthestates.dhs.gov/students-and-the-form-i-983>

International Services | University of Alabama | 105 B.B. Comer Hall | Tuscaloosa, AL 35487-0254
Tel: 205-348-5402 | Fax: 205-348-5406 | Email: INTERNATIONAL@UA.EDU | Web: [HTTP://IS.UA.EDU](http://IS.UA.EDU)
UA F-1 OPT STEM Packet, 04/2016

Form I-983 (1/11)

Page 1 of 7

2 passport-style photos (2 x 2 inches)

Completed Form I-765 - www.uscis.gov/i-765



Check or Money Order to "U.S. Department of Homeland Security" for \$410



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved Denied A# _____
		<input type="checkbox"/> Applicant is filing under section 274a.12 _____		

▶ **START HERE - Type or print in black ink.**

I am applying for:

STEM Applicants should check "Renewal" box.

- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

1. Full Name

Family Name	First Name	Middle Name
Elephant	AL	

2. Other Names Used (include M)

Family Name	First Name

Recommend that you use the CIS Address rather than your personal address (USCIS does not forward mail)

3. U.S. Mailing Address

Street Number and Name	Apt. Number	
UA Intl Services, Box 870254		
Town or City	State	ZIP Code
Tuscaloosa	AL	35487

4. Country of Citizenship or Nationality

India

5. Place of Birth

Town or City	State/Province	Country
New Delhi		India

6. Date of Birth (mm/dd/yyyy)

10/24/1930

7. Gender Male Female

8. Marital Status

Single Married Divorced Widowed

9. Social Security Number (Include all numbers you have ever used, if any)

123-45-6789

I-94 # is the 11-digit number on the electronic I-94 available at www.cbp.gov/i94.

10. Alien Registration Number (if any)

12345678900

11. Have you ever before applied for employment authorization from USCIS?

Yes (Complete the following questions.)

Which USCIS Office?	Dates

or Denied - attach all documentation)

Mark "Yes" and enter details about your 12-month OPT EAD.

12. Date of Last Entry into the U.S. (mm/dd/yyyy)

07/04/2016

Date and place of last entry to the US should be on your passport, on an oval red and blue stamp near your visa page.

13. Place of Last Entry into the U.S.

New York (NYC)

14. Status at Last Entry (B-2 Visitor, F-1 Student, etc.)

F-1 Student

F-1 Student is most likely your manner of last entry and should be your current status.

15. Current Immigration Status (Visitor, etc.)

F-1 Student

16. Eligibility Category. Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

(c) (3) ()

(c)(3)(c) = STEM OPT

17. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Question 16 above, list your degree, your employer's name as listed in E-Verify, and **For STEM Extensions ONLY.** Number or a valid E-Verify Client Company Identification Number in the space below.

Degree Employer's Name as listed in E-Verify

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

18. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Question 16 above, please provide the receipt number of your principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

19. (c)(35) and (c)(36) Eligibility Category

a. If you entered the eligibility category (c)(35) or (c)(36) in Question 16 above, please provide the receipt number of your principal spouse's most recent Form I-797 Notice of Approval for Form I-140.

Notice of Approval for Form I-140.

b. Have you EVER been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to Item Numbers 19.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified my eligibility category in Question 16. **SIGN IN BLUE INK.**

Applicant's Signature

Date of Signature (mm/dd/yyyy)

Telephone Number

Signature of Person Preparing Form, If Other Than Applicant

est ave

Preparer's Signature

Date of Signature (mm/dd/yyyy)

Printed Name

Address

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 03-31-2019

TRAINING PLAN FOR STEM OPT STUDENTS

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

SECTION 1: STUDENT INFORMATION (Completed by Student)

Student Name (Surname/Primary Name, Given Name): STUDENT, John/Jane		Student Email Address: jstudent@crimson.ua.edu	
Name of School Recommending STEM OPT: University of Alabama	Name of School Where STEM Degree Was Earned: University of Alabama	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): ATL214F01174000	
Designated School Official (DSO) Name and Contact Information: Trang Nguyen, 105 BB Comer Hall, Box 870254, Tuscaloosa, AL 35487		Student SEVIS ID No.: N0123456789	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"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: YSC123456789			

Should start the day after 12-month OPT ends.

CIP Code is indicated on page 3 of the old I-20 (w/ Barcode) or in Program of Study Section on page 1 of the new I-20.

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: STUDENT, John/Jane Date (mm-dd-yyyy): _____

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name: STEM, Inc.		Street Address: 1 STEM Drive		Suite:	
Employer Website URL: stem.com		City: Big City		State: CA	ZIP Code: 90210
Employer ID Number (EIN): 01-2345678 (Tax ID Number)	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code: Find the code on www.naics.com/search/			
OPT Hours Per Week (must be at least 20 hours/week): 40.00	Compensation:				
Start Date of Employment (mm-dd-yyyy):	A. Salary Amount and Frequency: e.g. \$45,000/Year				
	B. Other Compensation (Type and Estimated Amount or Value):				
	1. Insurance - \$3000				
	2. Retirement - \$3000				
	3. _____				
	4. _____				

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: Supervisor's Name, Manager

Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: STEM, Inc.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)

Student Name (Surname/Primary Name, Given Name):

STUDENT, John/Jane Q

Employer Name:

STEM, Inc.

EMPLOYER SITE INFORMATION

Site Name:

STEM, Inc.

Site Address (Street, City, State, ZIP):

1 STEM Drive, Big City, CA 90210

Name of Official:

Supervisor's Name

Official's Title:

Manager

Official's Email:

boss@stem.com

Official's Phone Number:

+1 (123) 867-5309

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.

SAMPLE: Student will conduct practical application of his/her studies in MAJOR. Student's position is POSITION TITLE. In this role, student will gain basic skills in INDUSTRY NAME.

← This section requires employer to provide a clear connection between the employment and field of study.

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.

Objective is to expose intern to current practices in INDUSTRY NAME. The goal is to have the student understand and become proficient in the basic skills in INDUSTRY NAME.

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.

Student will conduct work under the direct supervision of BOSS EMPLOYER. BOSS EMPLOYER will work closely with student to improve skills and accomplish goals as well as provide feedback.

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.

Student will be evaluated based on weekly reports, observed performance, and feedback from coworkers and constituent customers.

Additional Remarks (optional): Provide additional information pertinent to the Plan.

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: Supervisor's Name, Manager

Date (mm-dd-yyyy): _____

PRIVACY ACT STATEMENT

AUTHORITIES: Section 101(a)(15)(F) of the Immigration and Nationality Act of 1952, as amended (INA), 8 U.S.C. 1101(a)(15)(F), Section 641 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, Div. C, 110 Stat. 3009-546 (codified at 8 U.S.C. 1372), Section 502 of the Enhanced Border Security and Visa Entry Reform Act of 2002, Pub. L. 107-173, 116 Stat. 543 (codified at 8 U.S.C. 1762) and Homeland Security Presidential Directive No. 2 (HSPD-2), authorize U.S. Immigration and Customs Enforcement (ICE) to collect the information requested in this form.

PURPOSE: The information collection on this form is used to assist in the administration of the STEM Optional Practical Training (OPT) extension so that Designated School Officials (DSO) can properly recommend the Student for and review and help coordinate his or her STEM optional practical training opportunity.

ROUTINE USES: The information collected on this form may be shared with: the individuals who signed the Plan, relevant DSOs acting as liaisons with the DHS, Federal, State, local, or foreign government entities for law enforcement purposes, Members of Congress in response to requests on the Student's behalf, or as otherwise authorized pursuant to its published Privacy Act system of records notice - Privacy Act of 1974: U.S. Immigration and Customs Enforcement, DHS/ICE-001 Student and Exchange Visitor Information System (SEVIS) System of Records (<https://www.dhs.gov/system-records-notices-sorns>).

DISCLOSURE: The information you provide is voluntary. However, failure to provide the information requested on this form may delay or prevent participation in a STEM OPT opportunity.

PAPERWORK REDUCTION ACT

The public reporting burden for this collection of information is estimated to average 7.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid Office of Management and Budget (OMB) control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, send them to: U.S. Immigration and Customs Enforcement, Office of Policy, 500 12th Street SW, Washington, D.C. 20536

*See evaluation forms that follow for student's first evaluation, to occur before the one year anniversary of the start date of the student's STEM OPT employment authorization, and final program evaluation.

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): _____

This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 12th Month of STEM Employment.

Failure to submit this evaluation can lead to automatic termination of visa status and employment.

LEAVE BLANK UNTIL 12TH MONTH OF STEM PERIOD.
This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 12th Month of STEM Employment. Failure to submit this evaluation can lead to automatic termination of visa status and employment.

Signature of Student: _____

Printed Name of Student: STUDENT, John/Jane

Signature of Employer Official with Signatory Authority: _____

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

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): _____

This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 24th Month of STEM Employment (or when employment ends if earlier than 24 months).

LEAVE BLANK UNTIL END OF STEM TRAINING PERIOD.
This is a self-evaluation, and should be completed by the student and signed by the employer. This first evaluation is due to International Services on the 24th Month of STEM Employment (or when employment ends if earlier than 24 months).

Signature of Student: _____

Printed Name of Student: STUDENT, John/Jane Date (mm-dd-yyyy): _____

Signature of Employer Official with Signatory Authority: _____

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