Optional Practical Training: STEM Extension OPT

Optional Practical Training (OPT) provides an F-1 visa holder with an opportunity to gain 12 months of employment experience in his/her major area of study, with an option for a 24-month extension for STEM majors. Employment while on OPT must be related to your major field of study. OPT is granted for specific dates and cannot be adjusted after it is approved. Once the application is submitted, please allow at least 90 days for processing.

There are three types of OPT: pre-completion, post-completion, and STEM Extension. The information in this document is for the OPT STEM Extension only.

OPT STEM Extension is for F-1 visa holders who majored in Science, Technology, Engineering or Mathematics (STEM)*, are currently doing Post-Completion OPT, have a job in the STEM field, and whose employer is enrolled in E-Verify, an internet-based system operated by the U.S. government used to verify employment eligibility of new hires. The OPT STEM extension is for an additional 24 months.


Note: the name of your major and the name the government gives the major may vary. Check your I-20 form to see if the CIP code for your major (numeric code listed next to your major) is listed as a STEM degree by the government.

For more information, please visit the USCIS website on STEM OPT.

To apply for the OPT STEM Extension: prepare all of the documents as outlined in this packet, and scan a copy of the I-765 and the I-983 forms to ISSS. Applications for OPT STEM Extension must be received by USCIS prior to the expiration date of the current Post-completion OPT (listed on EAD card), and you can apply up to 90 days before the expiration date on your EAD card. Plan ahead!
STEM OPT Extension Application Process

Please email isss@jmu.edu to begin the process 2-3 months before current EAD card expires.

Documentation needed for STEM OPT Extension application:
Submit the following items to ISSS when applying for the STEM Extension:
  - See I-983 Completion Guide in this packet for instructions
- A completed Form I-765, Application for Employment Authorization
  - Found on: https://www.uscis.gov/i-765
  - Type responses into form, print, and sign. Do not print double sided. Do not staple.
  - See I-765 Completion Guide in this packet for instructions

Mail the following items when applying for the STEM Extension:
- Copy of STEM-endorsed I-20 Form (ISSS will give this to you after receiving the above items)
- Copies of the ID page in your Passport and F-1 visa
- The I-94 document, which can be retrieved from: https://i94.cbp.dhs.gov/I94/#/home
- Copies of front and back of previous Employment Authorization Document (EAD) card(s)
- The completed Form I-765, Application for Employment Authorization
- (Optional) Form G-1145 to receive electronic notifications: https://www.uscis.gov/g-1145
- $410.00 application fee
  - By personal check or money order
    - Payable to: US Department of Homeland Security
    - In memo line write SEVIS ID #
  - Or by credit card
    - Complete Form G-1450:
- Two passport-sized photos (2 inches by 2 inches) taken in the past 6 months, not used before
  - Write SEVIS # lightly on the back.
  - Photos can be taken at a CVS, Walmart, Costco, etc.
- An official school transcript with degree and STEM field listed. Make sure that you leave the transcript in its sealed envelope.

Mail your completed STEM Extension packet:
Find the appropriate address for your area: https://www.uscis.gov/forms/forms-information/uscis-phoenix-and-dallas-lockbox-facilities

After OPT is filed:
You should receive three documents from the government:
1. Receipt notice (normally within 2-3 weeks)
2. Approval notice
3. EAD Card (normally within 1-2 weeks of receiving the approval notice; scan front and back of the card to ISSS for your immigration file)

⇒ If you receive an R.F.E. (Request for Evidence), contact ISSS immediately.
Employment Rules

- You may work while your STEM OPT extension is pending for up to 180 days.
  - You should receive the Employment Authorization Document (EAD) within 3-4 months from the date on the receipt notice. If it is not received in this time, contact ISSS.
- Employment must be directly related to your STEM major field of study.
- You may not be unemployed for more than 120 days in total while on OPT (both Post-Completion and STEM).

⇒ Any violation of these and other employment regulations can cause your immigration status to be terminated.

Reporting Requirements

On OPT, you continue in F-1 visa status under the sponsorship of James Madison University, therefore:
- Inform ISSS of a change in employment immediately including at least (1) the end date of previous employment and the final evaluation on the I-983 Form and (2) the new employment information by submitting a completed I-983 Form, if you have found new employment.
- Update your SEVIS record of a change of name or address within 10 days.
- Verify your information with ISSS at 6, 12, and 18 months on STEM with updated information on the I-983 Form (Evaluation on Student Progress) at 12 months. Failure to verify information at stated times may cause USCIS to automatically terminate your immigration status.

⇒ Any violation of these and other regulations can cause your immigration status to be terminated.

Travel

Before departing the U.S., it is strongly recommended that you contact ISSS about your particular travel situation, as every situation is unique. Below are general reentry guidelines to consider.

Items needed for reentry to the U.S. while on OPT:
- A valid passport; valid at least 6 months into the future
- A valid visa to reenter the U.S.
- Your most recent Form I-20 with travel signature from an ISSS staff member
- Your valid EAD (Employment Authorization Document), if OPT has been approved
- Letter of employment

⇒ ISSS strongly suggests that you do NOT travel outside of the U.S. while your STEM extension application is pending and before you secure employment.

If you intend to leave the U.S. permanently, inform ISSS of your departure date.

1. Can I reenter if my request for Post-Completion OPT is pending?
   Yes, but traveling during this time should be undertaken with caution. USCIS may send you a request for evidence while you are away, however, so you would want to make sure you have provided a correct U.S. address both to your DSO and on the application and would be able to send in requested documents. Also, if USCIS approves your OPT application, you will be expected to have your EAD in hand to re-enter the United States. Like a request for further information, USCIS can only send the EAD to your U.S. address.

2. Can I reenter if I left while on Post-Completion OPT?
   If USCIS has approved your OPT you will be expected to have your EAD in hand to re-enter the United States, in addition to your Form I-20, valid passport and visa, and a letter of employment... If you exceed the limits on unemployment while outside the United States, you will not be eligible to re-enter the United States in F-1 status.

https://www.ice.gov/sevis/travel
OPT STEM Extension Timeline

- **OPT**
  - 90 days
  - Application window
  - If eligible, apply for STEM Extension before expiration of EAD card (up to 90 days before)

- **STEM Extension**
  - 24 months
  - Cannot accrue more than a total of 120 days of unemployment on Post-Completion OPT and the STEM extension.
  - Report your address and employment information to ISSS every 6 months.
  - = verify information with ISSS, may include I-983 updates

- **Depart U.S.**
  - 60 days
  - Grace period
  - Use grace period to prepare to leave the U.S., transfer to a new school, or change to another immigration status.
  - If you are staying in the U.S. for the grace period, you cannot re-enter the U.S. after leaving.

- **End date on Post-Completion EAD card**
- **End date on STEM OPT EAD card**
- **Stop working by end date on EAD card.**
I-765 Completion Guide for STEM Extension

Complete online at https://www.uscis.gov/i-765. Type into the fields where possible.

Application For Employment Authorization

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

For USCIS Use Only

Fee Stamp

Action Block

Authorization/Extension Vali From
__________

Authorization/Extension Valid Through
__________

 Alien Registration Number A-

Remarks

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

Select this box if Form G-28 is attached.

Attorney or Accredited Representative
USCIS Online Account Number (if any)

START HERE - Type or print in black ink. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.

Part 1. Reason for Applying

I am applying for (select only one box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of any employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

If you have ever had another legal name, list it in the next section.

If not, go to the next page.
I-765 Completion Guide for STEM Extension

Complete online at https://www.uscis.gov/i-765. Type into the fields where possible.

### Part 2. Information About You (continued)

#### Your U.S. Mailing Address

5.a. In Care Of Name (if any)  
5.b. Street Number and Name  
5.d. City or Town  
5.e. State  
5.f. ZIP Code  
6. Is your current mailing address the same as your physical address? ❏ Yes ❏ No

**NOTE:** If you answered “No” to Item Number 6, provide your physical address below.

#### U.S. Physical Address

7.a. Street Number and Name  
7.c. City or Town  
7.d. State  
7.e. ZIP Code

### Other Information

8. Alien Registration Number (A-Number) (if any)  
9. USCIS Online Account Number (if any)  

### Select

10. Gender ❏ Male ❏ Female  
11. Marital Status ❏ Single ❏ Married ❏ Divorced ❏ Widowed  

### Select Yes

12. Have you previously filed Form I-765? ❏ Yes ❏ No  

### Select Yes

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ❏ Yes ❏ No

**NOTE:** If you answered “No” to Item Number 13.a., skip to Item Number 14. If you answered “Yes” to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).  

### 14. Do you want the SSA to issue you a Social Security card?  
(You must also answer “Yes” to Item Number 15., Consent for Disclosure, to receive a card.)  
❏ Yes ❏ No

**NOTE:** If you answered “No” to Item Number 14, skip to Part 2, Item Number 18.a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.  
❏ Yes ❏ No

**NOTE:** If you answered “Yes” to Item Numbers 14 - 15, provide the information requested in Item Numbers 16.a. - 17.b.

#### Father’s Name

Provide your father’s birth name.

16.a. Family Name (Last Name)  
16.b. Given Name (First Name)

#### Mother’s Name

Provide your mother’s birth name.

17.a. Family Name (Last Name)  
17.b. Given Name (First Name)

#### Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country  
18.b. Country

**Country of citizenship**  

Complete 18.b. only if you have a second country of citizenship.

Now go to Question 18
**I-765 Completion Guide for STEM Extension**

Complete online at [https://www.uscis.gov/i-765](https://www.uscis.gov/i-765). Type into the fields where possible.

<table>
<thead>
<tr>
<th>Part 2. Information About You (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Place of Birth</strong></td>
</tr>
<tr>
<td>List the city/town/village, state/province, and country where you were born.</td>
</tr>
<tr>
<td>19.a. City/Town/Village ofBirth</td>
</tr>
<tr>
<td>19.b. State/Province of Birth</td>
</tr>
<tr>
<td>19.c. Country of Birth</td>
</tr>
<tr>
<td>20. Date of Birth (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information About Your Last Arrival in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.a. Form I-94 Arrival-Departure Record Number (if any)</td>
</tr>
<tr>
<td>21.b. Passport Number of Your Most Recently Issued Passport</td>
</tr>
<tr>
<td>21.c. Travel Document Number (if any)</td>
</tr>
<tr>
<td>21.d. Country That Issued Your Passport or Travel Document</td>
</tr>
<tr>
<td>21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</td>
</tr>
<tr>
<td>22. Date of Your Last Arrival Into the United States On or About (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Check your I-94!</td>
</tr>
<tr>
<td>23. Place of Your Last Arrival Into the United States</td>
</tr>
<tr>
<td>Check your I-94!</td>
</tr>
<tr>
<td>24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)</td>
</tr>
<tr>
<td><strong>F-1 Student</strong></td>
</tr>
<tr>
<td>25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)</td>
</tr>
<tr>
<td><strong>F-1 Student</strong></td>
</tr>
<tr>
<td>26. Student and Exchange Visitor Information System (SEVIS) Number (if any)</td>
</tr>
<tr>
<td><strong>N-</strong> Check your I-20!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information About Your Eligibility Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Eligibility Category. Refer to the Who May File Form 1-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).</td>
</tr>
<tr>
<td>(C)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27, provide the information requested in Item Numbers 28.a. - 28.c.</td>
</tr>
<tr>
<td>28.a. Degree Bachelor 00.0000</td>
</tr>
<tr>
<td>28.b. Employer's Name as Listed in E-Verify Ask employer</td>
</tr>
<tr>
<td>28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number Get this number from your employer</td>
</tr>
<tr>
<td>29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.</td>
</tr>
<tr>
<td>30. (c)(8) Eligibility Category If you entered the eligibility category (c)(8) in Item Number 27, provide the information requested in Item Numbers 30.a. - 30.g.</td>
</tr>
<tr>
<td>30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country? Yes No</td>
</tr>
<tr>
<td><strong>NOTE:</strong> If you answered “Yes” to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.</td>
</tr>
<tr>
<td>30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer “Yes,” you MUST provide evidence of your lawful entry.) Yes No</td>
</tr>
<tr>
<td>30.c. If you answered “No” to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country? Yes No</td>
</tr>
</tbody>
</table>
**I-765 Completion Guide for STEM Extension**

Complete online at [https://www.uscis.gov/i-765](https://www.uscis.gov/i-765). Type into the fields where possible.

### Part 2. Information About You (continued)

If you answered “Yes” to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

### Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

#### Applicant's Statement

**NOTE:** Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☐ The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in Part 5,

prepared this application for me based only upon information I provided or authorized.

#### Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

#### Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.
**I-765 Completion Guide for STEM Extension**

Complete online at [https://www.uscis.gov/i-765](https://www.uscis.gov/i-765). Type into the fields where possible.

---

**Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature (continued)**

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

**Applicant’s Signature**

7.a. Applicant's Signature  
**Sign your name here**

7.b. Date of Signature (mm/dd/yyyy)  

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

---

**Part 4. Interpreter’s Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter’s Full Name**

1.a. Interpreter's Family Name (Last Name)  

1.b. Interpreter's Given Name (First Name)  

2. Interpreter's Business or Organization Name (if any)  

**Interpreter's Mailing Address**

3.a. Street Number and Name  


3.c. City or Town  

3.d. State  3.e. ZIP Code  

3.f. Province  

3.g. Postal Code  

3.h. Country  

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number  

5. Interpreter's Mobile Telephone Number (if any)  

6. Interpreter's Email Address (if any)  

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and **[language]**, which is the same language specified in Part 3, Item Number 1.b, and I have read to this applicant the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

**Interpreter’s Signature**

7.a. Interpreter's Signature  

7.b. Date of Signature (mm/dd/yyyy)  

---

Skip ahead to page 7
## I-765 Completion Guide for STEM Extension

Complete online at [https://www.uscis.gov/i-765](https://www.uscis.gov/i-765). Type into the fields where possible.

### Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

<table>
<thead>
<tr>
<th>1.a.</th>
<th>Family Name (Last Name)</th>
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</thead>
<tbody>
<tr>
<td>1.b.</td>
<td>Given Name (First Name)</td>
</tr>
<tr>
<td>1.c.</td>
<td>Middle Name</td>
</tr>
</tbody>
</table>

| 2. | A-Number (if any) |

Complete with your information

<table>
<thead>
<tr>
<th>3.a.</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.b.</td>
<td>Part Number</td>
</tr>
<tr>
<td>3.c.</td>
<td>Item Number</td>
</tr>
</tbody>
</table>

List dates of CPT used, if applicable.

For example:

**Part-time CPT from 01/25/2016 to 05/15/2016**

**Full-time CPT from 08/10/2017 to 12/14/2017**

<table>
<thead>
<tr>
<th>4.a.</th>
<th>Page Number</th>
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<tbody>
<tr>
<td>4.b.</td>
<td>Part Number</td>
</tr>
<tr>
<td>4.c.</td>
<td>Item Number</td>
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</tbody>
</table>

List any previous SEVIS ID numbers you have had.

<table>
<thead>
<tr>
<th>5.a.</th>
<th>Page Number</th>
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</thead>
<tbody>
<tr>
<td>5.b.</td>
<td>Part Number</td>
</tr>
<tr>
<td>5.c.</td>
<td>Item Number</td>
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<td>Part Number</td>
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<tr>
<td>6.c.</td>
<td>Item Number</td>
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<table>
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<th>Page Number</th>
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</thead>
<tbody>
<tr>
<td>7.b.</td>
<td>Part Number</td>
</tr>
<tr>
<td>7.c.</td>
<td>Item Number</td>
</tr>
</tbody>
</table>
I-983 Completion Guide for STEM Extension


Type into the fields when possible.

---

### 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>Name of School Recommending STEM OPT:</td>
<td>Name of School Where STEM Degree Was Earned:</td>
</tr>
<tr>
<td>James Madison University</td>
<td>James Madison University</td>
</tr>
<tr>
<td>SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):</td>
<td>WAS214F00214000</td>
</tr>
<tr>
<td>Designated School Official (DSO) Name and Contact Information:</td>
<td>Student SEVIS ID No:</td>
</tr>
<tr>
<td>Marlena Meikrantz Sharp, <a href="mailto:meikramk@jmu.edu">meikramk@jmu.edu</a></td>
<td>Found on I-20 form</td>
</tr>
<tr>
<td>800 S. Main St, MSC 5731, Harrisonburg VA, 22807</td>
<td></td>
</tr>
<tr>
<td>Year of Qualifying Degree:</td>
<td></td>
</tr>
<tr>
<td>Qualifying Major and Classification of Instructional Programs (CIP) Code:</td>
<td>STEM Major listed on page 1 of I-20, with CIP code</td>
</tr>
<tr>
<td>Level/Type of Qualifying Degree:</td>
<td></td>
</tr>
<tr>
<td>Educational level listed on page 1 of I-20 (e.g. Bachelor's)</td>
<td></td>
</tr>
<tr>
<td>Date Awarded (mm-dd-yyyy):</td>
<td></td>
</tr>
<tr>
<td>(based on final transcript)</td>
<td>Check “no” unless you are applying based on a degree you earned prior to the degree for which you are currently on OPT.</td>
</tr>
<tr>
<td>Based on Prior Degree?</td>
<td>Yes</td>
</tr>
<tr>
<td>Employment Authorization Number:</td>
<td></td>
</tr>
<tr>
<td>USCIS number on EAD card</td>
<td></td>
</tr>
</tbody>
</table>

---

### 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): ____________________________
### I-983 Completion Guide for STEM Extension


Type into the fields when possible.

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**SECTION 3: EMPLOYER INFORMATION (Completed by Employer)**

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Website URL:</td>
<td>City:</td>
</tr>
<tr>
<td>Employer ID Number (EIN):</td>
<td>State:</td>
</tr>
<tr>
<td>Number of Full-Time Employees in U.S.:</td>
<td>ZIP Code:</td>
</tr>
</tbody>
</table>

**NAICS Code:** 6 digit code describes the employer’s business. Can be found on [http://census.gov/eos/www/naics/](http://census.gov/eos/www/naics/)

**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. Examples: housing, transportation costs, etc.

2. 

3. 

4. 

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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 termination or departure of the student during the authorized period of OPT, I will depart to the DSO (Note: business days do not include federal holidays or weekend days; and an employer shall not depart when the employer knows the student has left the practical training opportunity, or when the student has 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, following:
   a. The student’s practical training opportunity is directly related to the STEM degree that qualifies the student for 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 employers;
   c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, 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:**

**Signature of an individual within the organization who is familiar with the goals and duties of the position, and who has signature authority for the employer (Human Resources?):**

**Printed Name and Title of Employer Official with Signatory Authority:**

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

**Printed Name of Employing Organization:**

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Employer should retain a copy of the completed Form I-983. US Immigration and Customs Enforcement may schedule a site visit to review terms of I-983 and confirm employment of the individual.
# I-983 Completion Guide for STEM Extension


Type into the fields when possible.

## SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS

**Completed by Student and Employer**

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

## EMPLOYER SITE INFORMATION

| Site Name: Same as Section 3 “employer name” unless employee will work at a site other than the company’s street address; in that case, enter name of site name where student will be employed |
| Site Address (Street, City, State, Zip): Actual address where STEM training will take place. This may be different than the company’s headquarters or main site. |
| Name of Official: Name of individual who will monitor student’s goals and performance. This may or may not be the same person as Sect. 4. |
| Official’s Title: |
| Official’s Phone Number: |

**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.

*Detail the specific duties the student will carry out and explain how they relate to the 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.

*Identify the specific training goals and describe how those goals will be met.*

**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.

*How will the student be supervised?*

**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.

*How will the employer know that the student has achieved new knowledge and skills?*
**I-983 Completion Guide for STEM Extension**


Type into the fields when possible.

<table>
<thead>
<tr>
<th>Additional Remarks (optional): Provide additional information pertinent to the Plan.</th>
</tr>
</thead>
</table>

**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:  
Signature of the person listed in Section 5 who conducts periodic evaluations  
Printed Name and Title of Employer Official with Signatory Authority:  
Date (mm-dd-yyyy):  

**PRIVACY ACT STATEMENT**


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-notice-sevis).

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.
The student provides a self-evaluation, which is to be reviewed and signed by the employer. This evaluation should be submitted to the DSO within 12 months of the STEM extension start date. Both the students and company representative must sign and date this section.

For further guidance on what details should be included in this self-evaluation, visit the Study in the States STEM OPT Hub at https://studyinthestate.dhs.gov/stem-opt-hub

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): ____________

The student provides a final self-evaluation, which is to be reviewed and signed by the employer. This evaluation should be submitted to the DSO within 10 days of the end date of the STEM extension period. Both the students and company representative must sign and date this section.

For further guidance on what details should be included in this self-evaluation, visit the Study in the States STEM OPT Hub at https://studyinthestate.dhs.gov/stem-opt-hub

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): ____________

The student provides a final self-evaluation, which is to be reviewed and signed by the employer. This evaluation should be submitted to the DSO within 10 days of the end date of the STEM extension period. Both the students and company representative must sign and date this section.

For further guidance on what details should be included in this self-evaluation, visit the Study in the States STEM OPT Hub at https://studyinthestate.dhs.gov/stem-opt-hub

Signature of Student: ____________________________ Date (mm-dd-yyyy): ____________
Printed Name of Student: ____________________________ Date (mm-dd-yyyy): ____________
Signature of Employer Official with Signatory Authority: ____________________________ Date (mm-dd-yyyy): ____________
Printed Name of Employer Official with Signatory Authority: ____________________________ Date (mm-dd-yyyy): ____________