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

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 4/30/2029

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): **Smith, Marta**		Student Email Address: **msmith@ucmo.edu**
Name of School Recommending STEM OPT: **University of Central Missouri**	Name of School Where STEM Degree Was Earned: **University of Central Missouri**	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): **KAN214F00100001** (MIC) or **KAN214F00100000** (Main) or **KAN214F00100002** (Airport) campus

School Official (DSO) Name:	Designated School Official (DSO) Email:	Designated School Official (DSO) Phone Number:	Student SEVIS ID	STEM OPT Requested Period (mm-dd-yyyy):
Franklin Cochran, Heather Fernquist Jeffrey Couch	isss@ucmo.edu	660-543-4092	No.: **N0012345678**	From: **Must be day after end date on 12-month OPT EAD card.** To: **Must be two years later and one day before From date, e.g. From 7/5/2023 To: 7/4/2025**

Qualifying Major and Classification of Instructional Programs (CIP) Code: **Enter both your major and its CIP Code (listed on page 1 of your current I-20)**

Level/Type of Qualifying Degree: **Bachelor's or Master's (listed on page 1 of your current I-20)**

Date Awarded (mm-dd-yyyy): **Date listed on your diploma, not the I-20 Program End Date**

Based on Prior Degree? ☐

Employment Authorization Number: **See EAD card, e.g. XXX-XXX-XXX (do not write SEVIS receipt number beginning with LIN or YSC)**

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 (Sign in ink): _____

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

****Your DSO is assigned by the first letter of your Surname found on your passport

Franklin Cochran -- A - G
Heather Fernquist-- H - N
Jeffrey Couch -- O - Z

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name:	Street Address:	Suite:
ABC Group, LLC	**Number and street name**	**Suite number** (if applicable)

Employer Website URL:	City:	State:	ZIP Code:
http://www.abcgroup.com			

Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code:
Ask employer: nine digit number	**e.g. 54**	**Ask employer: six digit number**

OPT Hours Per Week (must be at least 20 hours/week):

20 or more hours per week

Start Date of Employment (mm-dd-yyyy):

Only for STEM Extension applicants: Must be day after end date on 12-month OPT EAD card, same date as Section 1 From date.

Only for students Changing STEM Employers: Section 1 - Do not change the original start date. Section 3 - Put the new start date for the new employer.

Compensation:

A. Salary Amount and Frequency: **Salary and how often you are paid this salary, e.g. $40,000 annually)**

B. Other Compensation (Type and Estimated Amount or Value):

1. _____
2. _____
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 (Sign in ink): _____

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

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

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

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

Smith, Marta

Employer Name:

ABC Group, LLC

EMPLOYER SITE INFORMATION

Site Name:	Site Address (Street, City, State, ZIP):
If you are working for a branch or subsidiary of a large entity, or anywhere other than your employer's headquarters, provide the name of this work site. If you work at your employer's headquarters, enter your employer's name, as it appears in Section 3.	**Enter employer's address. If working remotely - enter your home address since you are working from home. If applicable; see Additional Remarks on next page. Write only one Site Name and Site Address. You must report your primary work site name and/or address change on an updated copy of your I-983 to us anytime this information changes; Site Name and Site Address sections updated.**
Name of Official: **Enter the official of the company that employs you who is familiar with, and will monitor, your goals and performance. This may or may not be the same Employer Official who signs in Section 4.**	Official's Title:
Official's Email:	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.

1. Your tasks and assignments. The more detail the better!

2. How they relate to your STEM degree/coursework. It is not sufficient to state that the role is related to your qualifying degree; the relationship must be explained. Often employers explain how the student's position relates to specific courses the student took during their qualifying degree, or specific skills they learned through their studies that they apply and hone in their work.

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.

Describe the skills, knowledge, and techniques you will be gaining in this position. Explain how these goals and objectives will be achieved. List the timeline to achieve them. Examples:

Only for STEM Extension applicants:

- **After the first 6 months, the student will be able to... due to tasks related to...**
- **After the first 12 months, the student will learn how to... through assignments such as..**
- **After 18 months, the student will...**
- **By 24 months, the student will have...**

Only for students Changing STEM Employers: Divide the remaining months on stem opt by four.

- **After the first ___ months, the student will be able to... due to tasks related to...**
- **After the next ___ months, the student will learn how to... through assignments such as...**
- **After ___ months, the student will...**
- **By ___ months, the student will have...**

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.

Must explain how you will be supervised and overseen.

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.

Must relate to your employer's training plan. It needs to explain how the employer measures and confirms your process of acquiring the knowledge and skills discussed in the Goals and Objectives field.

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

The remote work comments should be written in this box only if you are working remotely, e.g. "This is a remote work position. The intern will be working from the US Physical Address as listed in SEVIS."

Do not add any statement if you are not working remotely.

The employer may choose to add additional, relevant comments in this box.

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.

This individual does not need to be, but can be, the same individual who signed in Section 4. They must be an employee with signatory authority for the employer.

Signature of Employer Official with Signatory Authority (Sign in ink): _____

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

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 section is left blank if you have not begun OPT Extension work.

When SEVP requests your 12-month evaluation for participation in the program, then:

'From' (date): Enter the start date on your STEM OPT EAD card if you have not changed employers while on STEM OPT. If you have changed employers while on STEM OPT, enter your employment start date.

'To' (date): 12 months after the start date on your STEM OPT EAD card.

Then note that the evaluation on student progress is your performance with this employer since you began STEM OPT. Refer to your Training Plan and follow the instructions typed at the top of the self-evaluation.

Note: CHANGING EMPLOYERS:
Section 1: STEM OPT Requested Period 'From' (date) is your start date with your current employer and the 'To' (date) is the end date listed on your STEM OPT EAD card.

Section 3: Start Date of Employment (date) is your start date with your current employer

Section 6: 'From' (date), enter the start date on your STEM OPT EAD card and the 'To' (date) is the end date with this employer.

Signature of Student (Sign in ink): _____

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

Signature of Employer Official with Signatory Authority (Sign in ink): _____

Printed Name of Employer Official with Signatory Authority: _____ 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 section is left blank if you have not begun OPT Extension work.

Complete only when SEVP requests your 24-month evaluation for your participation in the program or you are changing employers, e.g. finishing work for one employer and beginning work for another employer.

Signature of Student (Sign in ink): _____

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

Signature of Employer Official with Signatory Authority (Sign in ink): _____

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