## 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 Na	me, Given Name):		Student Email Addres	35:		
Name of School Recommending STEM OPT:	Name of School Where STEM Degree Was Earned:		SEVIS School Code of School Recommending STEM OPT (including 3- digit suffix):			
Designated School Official (DSO) Name and Contact Information:		Stu	Ident SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy):           From:           To:		
Qualifying Major and Classification of	f Instructional Programs (CIP) Co	ode:				
Level/Type of Qualifying Degree:						
Date Awarded (mm-dd-yyyy):						
Based on Prior Degree? Yes	No					
Employment Authorization Number:						
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");						
<ol><li>I will notify the DSO at the earl delineated on this Plan;</li></ol>	iest available opportunity if I beli	eve t	hat my employer is not p	providing me with appropriate training as		
				ate the STEM OPT of students whom DHS f students who are not, or whose employers are		
4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and						
limited to, any change of Empl from the amount previously su	oyer Identification Number result bmitted on the Plan that is not tie	ting fr ed to	rom a corporate restruct a reduction in hours wo	or deviations from this Plan, including but not uring, any nontrivial reduction in compensation rked, any significant decrease in hours per week s-per-week minimum required under this rule.		
Signature of Student:						
Printed Name of Student:				Date (mm-dd-yyyy):		

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)					
Employer Name:		Street Address: Suite:			
Employer Website URL:		City:	State:	ZIP Code:	
Employer ID Number (EIN):	Number of Full-Time Employees in U.S.:	North American Industry Classification System (NAICS) Code:			
OPT Hours Per Week (must be at least 20 hours/week):	Compensation: A. Salary Amount and Fre	frequency:			
Start Date of Employment (mm-dd-yyyy):	B. Other Compensation (Type and Estimated Amount or Value):     1.				
	4				
I declare and affirm under penalty of perjury the information and belief. I understand that the law any false document in the submission of this for	v provides severe penalties f	ation made herein are true and correct to the b			
I certify on behalf of the employer that this Trai	ning Plan for STEM OPT Stu	dents ("Plan") is approved and that:			
1. I have reviewed and understand this Pla	n, and I will ensure that the s	upervising Official follows this Plan;			
Employer Identification Number resulting on the Plan that is not tied to a reduction	from a corporate restructuri in hours worked, any signific	y material changes to this Plan, including but n ng, any reduction in compensation from the an cant decrease in hours per week that a student er-week minimum required under this rule;	nount previo	ously submitted	
departure to the DSO (Note: business da	ays do not include federal ho student has left the practical	nt during the authorized period of OPT, I will re idays or weekend days; and an employer shal training opportunity, or when the student has n isent of the employer); and	l consider a	student to have	
<ol> <li>I will adhere to all applicable regulatory p following:</li> </ol>	provisions that govern this pro	ogram (see 8 CFR Part 214), which include, bu	ut are not lir	nited to, the	
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;				PT extension,	
b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;					
<ul> <li>c. The employer has sufficient resource prepared to implement that program.</li> </ul>		ne specified training program set forth in this P dentified in this Plan;	lan, and the	employer is	
of the STEM practical training opport applicable to the employer's similarly	unity—including duties, hour v situated U.S. workers or, if t	art-time, temporary or permanent U.S. worker, s, and compensation—are commensurate with he employer does not employ and has not rece e terms and conditions of other similarly situate	the terms a the terms a the terms a	and conditions yed more than	
e. The training conducted pursuant to the	nis Plan complies with all app	licable Federal and State requirements relating	g to employ	ment.	
Note: DHS may, at its discretion, conduct a employer possesses and maintains the abil consistent with this Plan.					
Signature of Employer Official with Signatory A	uthority:				
Printed Name and Title of Employer Official wit	h Signatory Authority:				
Date (mm-dd-yyyy): Pr	inted Name of Employing Org	ganization:			

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)					
Student Name (Surname/Primary Name, Given Name):					
Employer Name:					
EMPLOYER SITE INFORMATION					
Site Name:	Site Address (Street, City, State, ZIP):				
Name of Official:	Official's Title:				
Official's Email:	Official's Phone Number:				
Note: for the remaining fields in this section, employers who alread details based on that plan.	ady have an internal/pre-existing training plan in place may fill in the				
Student Role: Describe the student's role with the employer and how the through his or her qualifying STEM degree.	nat role is directly related to enhancing the student's knowledge obtained				
	yer will help the student achieve his or her specific objectives for work-based specify the student's goals regarding specific knowledge, skills, or techniques				
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.					
	confirms whether individuals filling positions such as that being filled by the loyer has a training program or related policy in place that controls such				

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:

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 Provide a self-evaluation of your performance, using the measures previously identic competencies identified in the Training Plan for STEM OPT Students. Discuss accorduring this review period. Address whether there are any modifications to the object development.	fied, in applying and acquiring new knowledge, skills, and mplishments, successful projects, overall contributions, etc.,
	dd-yyyy):
	uu-yyyy).
Signature of Student:	
Printed Name of Student:	Date (mm-dd-yyyy):
Signature of Employer Official with Signatory Authority:	
Printed Name of Employer Official with Signatory Authority:	Date (mm-dd-yyyy):
FINAL EVALUATION ON STUDE Provide a self-evaluation of your performance, using the measures previously identic competencies identified in the Training Plan for STEM OPT Students. Discuss accorduring this review period. Address whether there are any modifications to the object development.	fied, in applying and acquiring new knowledge, skills, and mplishments, successful projects, overall contributions, etc.,
Range of Evaluation Dates:     From (mm-dd-yyyy):     To (mm-dd-yyyy):	dd-yyyy):
Signature of Student:	
Printed Name of Student:	Date (mm-dd-yyyy):
Signature of Employer Official with Signatory Authority:	

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