

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

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): Surname, Given Name		Student Email Address: Email Address	
Name of School Recommending STEM OPT: East Tennessee State University	Name of School Where STEM Degree Was Earned: East Tennessee State University	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): NOL214F10177000	
Designated School Official (DSO) Name and Contact Information: Your ISA's Name, (423) 439-8321, 1276 Gilbreath Dr., Johnson City, TN. 37614		Student SEVIS ID No.: N00XXXXXXXXX (On your Form I-20)	STEM OPT Requested Period (mm-dd-yyyy): From: Day after your OPT EAD Card To: 24 months after STEM start date
Qualifying Major and Classification of Instructional Programs (CIP) Code: Major CIP Code, Major Name (on pg 1. of Form I-20)			
Level/Type of Qualifying Degree: Degree Level (i.e. Bachelor, Master, or PhD)		Ex. 11.0701, Computer Science	
Date Awarded (mm-dd-yyyy): Date degree was awarded			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Only check "Yes" if your request is based on a prior STEM degree at different degree level			
Employment Authorization Number: XXX-XXX-XXX (USCIS # on your current OPT EAD card)			

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): **Student Signature (Should be handwritten)**

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

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name: Employer/Company Name		Street Address: Employer/Company Address		Suite:
Employer Website URL: Employer/Company Website		City:	State:	ZIP Code:
Employer ID Number (EIN): EIN Number (9 digits)	Number of Full-Time Employees in U.S.: # of FT Employees in the U.S.	North American Industry Classification System (NAICS) Code: NAICS Code https://www.census.gov/naics/		
OPT Hours Per Week (must be at least 20 hours/week): Working Hours per Week	Compensation: A. Salary Amount and Frequency: <u>Enter information</u>			
Start Date of Employment (mm-dd-yyyy): STEM OPT Start Date	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): Signature of Employer Official (handwritten)

Printed Name and Title of Employer Official with Signatory Authority: Name of Employer's Official and Position Title

Date (mm-dd-yyyy): Date of Signature Printed Name of Employing Organization: Employer/Company Name

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

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

Employer Name:
Employer/Company Name

EMPLOYER SITE INFORMATION

Site Name:
SITE NAME (If different from Employer Name, enter name of site)

Site Address (Street, City, State, ZIP):
Site Address where you will be physically working

Name of Official:
Name of Supervisor (First and Last Name)

Official's Title:
Position Title of Supervisor

Official's Email:
Supervisor's Email

Official's Phone Number:
Supervisor'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.

Describe what tasks and assignments the student will carry out during the training and how they relate the student's STEM degree at ETSU. The plan must cover a specific span of time, detail specific goals, and objectives (see Form I-983 Instructions for details)

Tips:

- **Have your offer letter ready**
- **Be detailed and descriptive**
- **Include your position title and your job responsibilities**
- **Include your STEM Degree name**
- **Must explain how your job position is going to enhance your knowledge related to your 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.

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

Tips:

- **Think of around 3-4 goals and objectives at this position during your STEM period**
- **Describe how each goal will include learning objectives enhancing your STEM degree**
- **Each goal should have S.M.A.R.T. (specific, measurable, achievable, and time-bound) elements**

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.

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, a description of this program or policy may suffice to answer this question.

Tips:

- **Describe the methods of how the employer will be providing oversight and supervision**
- **Be descriptive when explaining each method**

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.

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

Tips:

- **Describe how your employer will be measuring and assessing your knowledge and skills in your position**
- **Be as descriptive as you can**

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 (Sign in ink): Signature of Employer Official (Handwritten)

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

Date (mm-dd-yyyy): Date of Signature

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.

Do not need to complete page 5 for STEM OPT Application Process

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): STEM OPT Start Date To (mm-dd-yyyy): 12 Months from STEM OPT Start Date

12-Month STEM OPT Self-Evaluation

(Submit to your ISA before 12-month mark on STEM OPT)

Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his or her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.

Signature of Student (Sign in ink): Signature of Student (handwritten)

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

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

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

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): Day after 12 Months on STEM To (mm-dd-yyyy): 24 Months of STEM OPT or last date of position if changing employers

24-Month Final STEM OPT Self-Evaluation

(Submit to your ISA before 24-month mark on STEM OPT OR if you change employers)

Student evaluations are a shared responsibility of both the student and the employer to ensure that the student's practical training goals are being satisfactorily met. The student is responsible for conducting a self-evaluation based on his or her own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.

Signature of Student (Sign in ink): Signature of Student (handwritten)

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

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

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