A photograph of the SJSU campus, showing a large, historic building with a prominent tower and a gabled roof. The building is surrounded by lush greenery, including palm trees and other tropical plants. In the background, modern high-rise buildings are visible against a clear sky. The entire image is overlaid with a semi-transparent orange filter.

## **I-983 Completion Guide For STEM OPT**

**International Student and Scholar Services**

# Read the Instructions for Form I-983

This document is a general guide to help you complete form I-983. It is your responsibility to ensure that your form I-983 is completed correctly.

We are required to review your I-983 and verify that it is complete, before we can recommend STEM OPT.

Read the entire [\*Instructions for Form I-983\*](#) provided by ICE (Immigration and Customs Enforcement).

# Getting Started

- Make sure you are using the most current version of [Form I-983](#).
- This document provides examples, to be used as a reference.  
Answer questions as it pertains to you.

# Guidelines for Completing I-983

- Not all questions on Form I-983 are explained in this guide.
- Fill out the form via PDF. If all of the information does not fit, then hand write your answers legibly on the form in black ink.
- The form will need to be signed by you (student) as well as your employer.
  - Electronic signatures using software programs or applications are being allowed on the form.
  - Electronically reproduced copies of a signature are being allowed on the form.

# Section 1: Student Information (Completed by Student)

## Page 1

### SECTION 1: STUDENT INFORMATION (Completed by Student)

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

Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your Form I-20.

Student Email Address:

Enter the email address where you can be contacted.

Name of School Recommending  
STEM OPT:

Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT.  
Most likely: [San Jose State University](#).

Name of School Where STEM  
Degree Was Earned:

Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.  
Most likely: [San Jose State University](#).

# Section 1: Student Information (Completed by Student)

## Page 1 Continued

SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):

SJSU SEVIS School Code is: **SFR214F00627000**.

Designated School Official (DSO) Name and Contact Information:

Enter the full name and contact information, including official address, phone, and email, of the DSO.

DSO, select one: Khim Lok, Suzanne Pendergrass.

Then enter the following contact information: 1 Washington Square; San Jose, CA 95192. Phone: (408)924-5920, Email: [international-office@sjsu.edu](mailto:international-office@sjsu.edu)

*\*If all of the information does not fit, you may need to write this in.*

# Section 1: Student Information (Completed by Student)

## Page 1 Continued

Student SEVIS ID No.:

Enter your SEVIS identification (ID) number. Starts with the letter N, found on page 1 of your I-20.

STEM OPT Requested Period (mm-dd-yyyy):

From:

To:

The start date should be the day after your current post-completion OPT ends.

The end date should be 24 months later.

Example

From: 07-25-2024

To: 07-24-2026

# Section 1: Student Information (Completed by Student)

## Page 1 Continued

Qualifying Major and Classification of Instructional Programs (CIP) Code:	<input type="text"/>
Level/Type of Qualifying Degree:	<input type="text"/>
Date Awarded (mm-dd-yyyy):	<input type="text"/>
Based on Prior Degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Authorization Number:	<input type="text"/>

- **Qualifying Major and Classification of Instructional Programs (CIP) Code:**
  - Enter your STEM major that qualifies you for the STEM OPT extension, as well as the degrees (CIP) code. You can find the CIP code on page 1 of your I-20.
- **Level/Type of Qualifying Degree:** Bachelor's, Master's or Doctorate
- **Date Awarded (mm-dd-yyyy):** Date your STEM degree was awarded.
- **Based on Prior Degree?**
  - Check "Yes" if your STEM OPT participation is based on a previously-obtained STEM degree, and is not the same degree upon which your current post-completion OPT was granted. Check "No" if your STEM OPT participation is based on your most recently obtained degree, and that is the degree upon which your current post-completion OPT is based.
- **Employment Authorization Number:** Enter your "A" number, (which may be found on the Employment Authorization Document).  
**Found under USCIS number on EAD card.**



# Section 2: Student Certification

## Page 1 Continued

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:	
<ol style="list-style-type: none"><li>1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");</li><li>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;</li><li>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;</li><li>4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</li><li>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.</li></ol>	
Signature of Student:	_____
Printed Name of Student:	_____ Date (mm-dd-yyyy): _____

Review the certification and affirm the statement by signature, printed name and date of signature.  
***Please note: Digital signatures are allowed.***

# Section 3: Employer Information (Completed by Employer)

## Page 2

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:		

- **Employer Name:** Enter your company, university, etc. name.
- **Street Address, Suite, City, State, Zip Code:** Enter the employer or company mailing address.
- **Employer Website URL:** Enter the employer website URL, if available. If no website exists, enter N/A.
- **Employer ID Number (EIN):** Enter the Employer Identification Number (EIN).
- **Number of Full-Time Employees in the United States:** Provide the number of full-time employees in the United States.
- **North American Industry Classification System (NAICS) Code:** Enter the company's NAICS code. (Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.) NAICS codes are accessible at <https://www.census.gov/cgi-bin/sssd/naics/>

# Section 3: Employer Information (Completed by Employer)

## Page 2 Continued

OPT Hours Per Week (must be at least 20 hours/week): <input type="text"/>	Compensation: A. Salary Amount and Frequency: <input type="text"/>
Start Date of Employment (mm-dd-yyyy): <input type="text"/>	B. Other Compensation (Type and Estimated Amount or Value): 1. <input type="text"/>
<input type="text"/>	2. <input type="text"/>
	3. <input type="text"/>
	4. <input type="text"/>

- **OPT Training Hours Per Week:** Enter the agreed-upon number of average training hours per week. In order to qualify for STEM OPT, the student must work a minimum of 20 hours per week.
- **Start Date of Employment:** Enter the date when the student will begin the STEM OPT training with the employer. **This is your STEM OPT start date.**
- **Compensation:** Enter the dollar amount of salary, stipend, and/or other compensation, and the frequency of pay (per hour, per week, bi-weekly, or monthly). Other compensation may include housing, tuition waivers, transportation costs, etc. Note: The terms and conditions of a STEM practical training opportunity (including duties, hours, and compensation) must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work at least 20 hours per week while employed.

# Section 4: Employer Certification

## Page 2 Continued

### SECTION 4: EMPLOYER CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that a student engages in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;
3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (*Note: business days do not include federal holidays or weekend days; and an employer shall consider a student to have departed when the employer knows the student has left the practical training opportunity, or when the student has not reported for practical training for a period of five consecutive business days without the consent of the employer*); and
4. I will adhere to all applicable regulatory provisions that govern this program (*see 8 CFR Part 214*), which include, but are not limited to, the following:
  - a. The student's practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension, and the position offered to the student achieves the objectives of his or her participation in this training program;
  - b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
  - c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
  - d. The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions of the STEM practical training opportunity—including duties, hours, and compensation—are commensurate with the terms and conditions applicable to the employer's similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than two similarly situated U.S. workers in the area of employment, the terms and conditions of other similarly situated U.S. workers in the area of employment; and
  - e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

**Note: DHS may, at its discretion, conduct a site visit of the employer to ensure that program requirements are being met, including that the employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this Plan.**

Signature of Employer Official with Signatory Authority: \_\_\_\_\_

Printed Name and Title of Employer Official with Signatory Authority: \_\_\_\_\_

Date (mm-dd-yyyy): \_\_\_\_\_

Printed Name of Employing Organization: \_\_\_\_\_

The Employer Official with Signatory Authority, who is an appropriate individual in the employer's organization who is familiar with the student's goals and performance and has signatory authority for the employer, should review the certification and affirm the statement by signature.

Review the certification and affirm the statements by signature, printed name and title of Employer Official with Signatory Authority, date of signature, and employer name.  
***Please note: Digital signatures are allowed.***

# Section 5: Training plan for STEM OPT Students (Completed by Student and Employer)

## Page 3

To better ensure the academic benefit and integrity of the STEM OPT extension, Federal regulations require each STEM OPT student to prepare and execute with their prospective employer a formal training plan that identifies learning objectives and a strategy for achieving those objectives. The STEM OPT student and their employer must work together to finalize the plan.

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)
Student Name ( <i>Surname/Primary Name, Given Name</i> ): <input type="text"/>
Employer Name: <input type="text"/>

- **Student Name:** Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your Form I-20.
- **Employer Name:** Enter the employer's name, as it appears in "Section 3: Employer Information."

# Section 5: Training plan for STEM OPT Students (Completed by Student and Employer)

## Page 3 Continued

EMPLOYER SITE INFORMATION	
Site Name: <input type="text"/>	Site Address (Street, City, State, ZIP): <input type="text"/>
Name of Official: <input type="text"/>	Official's Title: <input type="text"/>
Official's Email: <input type="text"/>	Official's Phone Number: <input type="text"/>

- **Site Name:** Enter the employer's site name, which may be the same as employer name in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name of this work site.
- **Site Address:** Enter the exact address of the work site where the STEM practical training will take place.
- **Name of Official:** Enter the name of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance. This may or may not be the same Employer Official as in Section 4.
- **Official's Title:** Enter the title of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
- **Official's Email:** Enter the email address of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.
- **Official's Phone Number:** Enter the phone number of the appropriate individual in the employer's organization who is familiar with, and will monitor, the student's goals and performance.

# Section 5: Training plan for STEM OPT Students (Completed by Student and Employer)

## Page 3 Continued

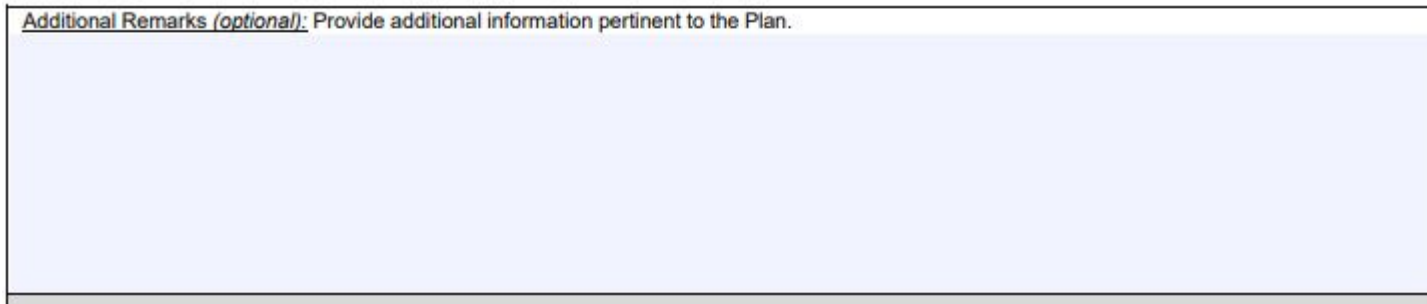
<p><i>Note: for the remaining fields in this section, employers who already have an internal/pre-existing training plan in place may fill in the details based on that plan.</i></p>
<p><b>Student Role:</b> Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her qualifying STEM degree.</p>
<p><b>Goals and Objectives:</b> 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.</p>
<p><b>Employer Oversight:</b> 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.</p>
<p><b>Measures and Assessments:</b> 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.</p>

- **Student Role and the Training Program's Direct Relationship to the Student's Qualifying STEM Degree:** Describe what tasks and assignments the student will carry out during the training and how these relate to the student's STEM degree. The plan must cover a specific span of time, and detail specific goals and objectives.
- **Goals and Objectives:** 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.
- **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, a description of this program or policy may suffice to answer the question.
- **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, a description of this program or policy may suffice to answer the question.

# Section 5: Training plan for STEM OPT Students (Completed by Student and Employer)

## Page 4

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



- **Additional Remarks:** Provide any additional pertinent information.



# Section 6: Employer Official Certification

## Page 4

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.	
<b>Employer Official with Signatory Authority</b> - I certify that:	
<ol style="list-style-type: none"><li>1. I have reviewed, understand, and will follow this Training Plan for STEM OPT Students (Plan);</li><li>2. I will conduct the required periodic evaluations of the student;*</li><li>3. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214.2(f)(10)(ii)); and</li><li>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.</li></ol>	
Signature of Employer Official with Signatory Authority:	<input type="text"/>
Printed Name and Title of Employer Official with Signatory Authority:	<input type="text"/>
Date (mm-dd-yyyy):	<input type="text"/>

**Certification of Official with Signatory Authority:** The individual who signs section may be the same official who signed the Employer Certification in Section 4, or it may be another official. An employee with signatory authority for the employer should review the certification and affirm the statement by signature.

For the material change certification (Item 4 in Section 6) please note that material changes in the plan can include (but are not limited to) the following: any change of EIN resulting from a corporate restructuring; any reduction in compensation from the amount previously submitted on the Form I-983 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.

Review the certification and affirm the statement by signature, printed name and title of Employer Official, and date of signature.

***Please note: Digital signatures are allowed.***

# Page 5: Evaluation and Final Evaluation on Student Progress

Instructions: Page 5 must be submitted, but it is left blank for now.

- You will submit the Evaluation on Student Progress at the 12 month mark of your STEM OPT period.
- You will submit the Final Evaluation on Student Progress at the end of your STEM OPT.

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): _____	
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 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): _____	
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): _____