

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

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 7/31/2021

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): Last Name, First Name (exactly as name appears in passport)		Student Email Address: Current valid email address (not Tufts student email)	
Name of School Recommending STEM OPT: Tufts University	Name of School Where STEM Degree Was Earned: Tufts University	SEVIS School Code of School Recommending STEM OPT (Including 3-digit suffix): Enter the code shown below corresponding to your school: Medford: BOS214F00358000 SMFA: BOS214F00358003 Cummings: BOS214F00358001 Friedman: BOS214F00358002 Fletcher: BOS214F00142000 Health Sciences: BOS214F01399000	
Designated School Official (DSO) Name and Contact Information: <small>Include: 1) The name of your international student advisor (https://icenter.tufts.edu/contact/contact-advisor/), 2. School address as shown on your I-20, and 3. Our office phone number (617-627-3458)</small>		Student SEVIS ID No.: <small>11-digit identification number on I-20 beginning with "NO..."</small>	STEM OPT Requested Period (mm-dd-yyyy): From: <u>1 day after 12-month OPT end date</u> To: <u>2 years minus 1 day</u>
Qualifying Major and Classification of Instructional Programs (CIP) Code: <u>Enter major and 6-digit code as found on page 1 of your I-20</u>			
Level/Type of Qualifying Degree: <u>Bachelor's, Master's, PhD, etc.</u>			
Date Awarded (mm-dd-yyyy): <u>Graduation date</u>			
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>Note: In most cases, this box will be checked "no." Only check "yes" if you are applying for the extension based on a degree earned prior to your most recent degree.</small>			
Employment Authorization Number: <u>9-digit number on EAD under "USCIS#"</u>			
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"> 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): <u>Don't forget to sign!</u>			
Printed Name of Student: <u>Write out full name Date signed</u>		Date (mm-dd-yyyy): _____	

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

Student Name (Surname/Primary Name, Given Name):
Last Name, First Name (exactly as name appears in passport)

Employer Name:
Full name of company

EMPLOYER SITE INFORMATION

Site Name:
Name of company site at which you will be physically located (may match employer name, if applicable)

Site Address (Street, City, State, ZIP):
Enter the specific address where you will be physically located (may match address in Section 3, if applicable)

Name of Official:
Provide the name of the primary employer official who will monitor your goals and performance

Official's Title:
Provide job title of the official

Official's Email:
Provide email address of the official

Official's Phone Number:
Provide contact phone number of the official

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 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 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 the 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, please describe.

Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the 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, please describe.

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

Provide any additional pertinent information, if needed.

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): Must be signed by employer

Printed Name and Title of Employer Official with Signatory Authority: Signing authority should write out full name and job title

Date (mm-dd-yyyy): Date signed

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-soms>).

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 should be left blank when initially applying for STEM Extension.
You must complete and submit this section after completing your first 12 months of STEM Extension.

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 should be left blank when initially applying for STEM Extension.
You must complete and submit this section after completing your STEM Extension, or any time you end employment with a specific 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): _____