# 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 INF	ORMATION (Completed	by Student)		
Student Name (Surname/Primary Name, Given Name): Last Name, First Name (exactly as name appears in passport)		12 402 41 Wall 20 15 (4) 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Student Email Address: Current valid email address (not Tufts student email)		
Name of School Recommending STEM OPT: Tufts University	Name of School Where STEN Degree Was Earned: Tufts University	digit suffix): Enter the Medford: BOS214F00 Cummings: BOS214F	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 Health Sciences: BOS214F013990		
Designated School Official (DSO) Name and Contact Information: Include: 1) The name of your international student advisor (https://icenter.tuffs.edu/contact/contact-advisor/), 2. School address as shown on your I-20, and 1. Our office phone number (617-627-3458)		Student SEVIS ID No.: 11-digit identification number on I-20 beginning with "No"	STEM OPT Requested Period (mm-dd-yyyy):  From: 1 day after 12-month OPT end date  To: 2 years minus 1 day		
Level/Type of Qualifying Degree: E  Date Awarded (mm-dd-yyyy): Grad  Based on Prior Degree? Ye  Employment Authorization Number	luation date  s No Note: In most cases, this be earned prior to your most re  9-digit number on EAD under "I	USCIS#"  UDENT CERTIFICATION	k "yes" if you are applying for the extension based on a degree		
information and belief I understand any false document in the submissi	that the law provides severe pena	information made herein are talties for knowingly and wilful	rue and correct to the best of my knowledge, ly falsifying or concealing a material fact, or using		
information and belief. I understand any false document in the submissi.  I certify that:  1. I have reviewed, understand, i.  2. I will notify the DSO at the ear delineated on this Plan;  3. I understand that the Departr	that the law provides severe pension of this form  and will adhere to this Training Plantiest available opportunity if I believed the pension of Homeland Security (DHS) in OPT in compliance with the law	alties for knowingly and willful in for STEM OPT Students (*) eve that my employer is not p	rue and correct to the best of my knowledge, ly falsifying or concealing a material fact, or using		
information and belief. I understand any false document in the submissi.  I certify that:  1. I have reviewed understand, it.  2. I will notify the DSO at the ear delineated on this Plan;  3. I understand that the Department of the earlier are not engaging not, complying with this Plan;  4. My practical training opportune.  5. I will notify the DSO at the ear limited to, any change of Empfrom the amount previously s	and will adhere to this Training Plandiest available opportunity if I believed to the STEM in OPT in compliance with the law inity is directly related to the STEM rilest available opportunity regardictly related to the Plandiest is not the	alties for knowingly and willful in for STEM OPT Students (*) eve that my employer is not put may deny, revoke, or terminary, including the STEM OPT of degree that qualifies me for thing any material changes to oling from a corporate restructed to a reduction in hours world to a reduction in hours world.	rue and correct to the best of my knowledge, ly falsifying or concealing a material fact, or using Plan"); providing me with appropriate training as the the STEM OPT of students whom DHS students who are not, or whose employers are		
information and belief. I understand any false document in the submissi.  I certify that:  1. I have reviewed understand, it.  2. I will notify the DSO at the ear delineated on this Plan;  3. I understand that the Department of the earlier are not engaging not, complying with this Plan;  4. My practical training opportune.  5. I will notify the DSO at the ear limited to, any change of Empfrom the amount previously s	and will adhere to this Training Plandiest available opportunity if I believed to the STEM in OPT in compliance with the law litest available opportunity regardictly is directly related to the STEM riest available opportunity regardictly related to the STEM riest available opportunity result ubmitted on the Plan that is not the ring opportunity, and any decrease	alties for knowingly and willful in for STEM OPT Students (*) eve that my employer is not put may deny, revoke, or terminary, including the STEM OPT of degree that qualifies me for thing any material changes to oling from a corporate restructed to a reduction in hours world to a reduction in hours world.	rue and correct to the best of my knowledge, ly falsifying or concealing a material fact, or using Plan"); providing me with appropriate training as attemption to the STEM OPT of students whom DHS attitudents who are not, or whose employers are the STEM OPT extension; and ar deviations from this Plan, including but not using, any nontrivial reduction in compensation ked, any significant decrease in hours per week		

	N 3: EMPLOYER INF	ORMA	TION (Completed by Employer)		2	
Employer Name: Full name of company  Employer Website URL: Enter url (or, if employer doesn't have a website, enter "n/a")		Street Address: Main company mailing address  Suite:		uite:		
			City:	State:	ZIP Code:	
Employer iD Number (EIN): Company's 9-digit tax identification number	Number of Full-Time Employees in U.S.: Include all employees, not ju		North American Industry Classification System (NAICS) Code: 6-digit classification number			
OPT Hours Per Week (must be at least 20 hours/week): Enter # of hours worked per week  Start Date of Employment (mm-dd-yyyy): Should match STEM Extension period start date, not necessarily start date at employer	B. Other Compense  1. 2. 3.	ation (T	requency: Enter numeric salary amount and indicate per hour/week/month/year/etc.  (Type and Estimated Amount or Value):			
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 to be certify on behalf of the employer that this Transcription.	nat the statements and in aw provides severe pena form	nformat alties for	knowingly and willfully falsifying or con-	the best of my cealing a mate	knowledge, nal fact, or using	
on the Plan that is not tied to a reductio training opportunity, and any decrease  3. Within five business days of the termina departure to the DSO (Note: business of the terminal departure to the DSO (Note: business of the terminal departure to the DSO (Note: business of the terminal departure to the DSO (Note: business of the terminal departure to the DSO (Note: business of the terminal departure to the DSO (Note: business of the terminal departure to the DSO (Note: business of the terminal departure to t	able opportunity regarding from a corporate restrain in hours worked, any sin hours below the 20-hours below the dependent of the lays do not include feders student has left the prairies.	ng any ucturing significa ours-per student ral holid ctical in	material changes to this Plan, including to any reduction in compensation from the order that a student week that a student when the authorized period of OPT, I was a weekend days; and an employed and an employed the student has been the student to the student has the student to the student the student to the student to the student the student the student to the student the s	e amount prevident engages ; will report such shall consider	iously submitted in a STEM termination or	
<ol> <li>I will adhere to all applicable regulatory following:</li> </ol>	provisions that govern the	his prog	ram (see 8 CFR Part 214), which includ	e, but are not l	lmited to, the	
and the position offered to the stude	int achieves the objective	es of his	STEM degree that qualifies the student t s or her participation in this training prog	ram;		
	es and personnel to prov	vide the	with this Plan, by experienced and know specified training program set forth in the ntified in this Plan.			
<li>d. The student on a STEM OPT extens of the STEM practical training oppor applicable to the employer's similarly</li>	ion will not replace a full tunity—including dutles, y situated U.S. workers	l- or par hours, or, if the		with the terms	and conditions	
e. The training conducted pursuant to the	his Plan complies with a	l applic	able Federal and State requirements rel	ating to emplo	ment,	
Note: DHS may, at its discretion, conduct a employer possesses and maintains the abili consistent with this Plan.	site visit of the employ ity and resources to p	yer to e rovide	ensure that program requirements are structured and guided work-based lea	being met, in Iming experie	cluding that the nces	
Signature of Employer Official with Signatory A	uthority (Sign in ink):	Must b	pe signed by emp <u>loy</u> er			

### 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: Site Address (Street, City, State, ZIP): Name of company site at which you will be physically located (may match employer name, if applicable)

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 Phone Number:

Official's Email: Provide email address of the official

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.

Explain how the employer measures and confirms whether individuals filling positions such as that being filled by the 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. 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
- 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 authroity 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 arrended (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 Pian, 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, fallure 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.

competencies identified in the	ne Training Plan for STEM OPT St	tures previously identified, in applying and udents. Discuss accomplishments, succe fications to the objectives and goals for p	d acquiring new knowledge, skills, and assful projects, overall contributions, etc orojects, or new areas for skill and competency
Range of Evaluation Dates:	From (mm-dd-yyyy):	To (mm-dd-yyyy):	-
This section should be lef You must complete and s	it blank when initially applying for ubmit this section after completing	STEM Extension. g your first 12 months of STEM Extension	on.
Signature of Student (Sign in	ink):		
Printed Name of Student:			Date (mm-dd-yyyy):
-	al with Signatory Authority (Sign in	lnk):	
	fficial with Signatory Authority:	-	Date (mm-dd-yyyy):
competencies identified in the during this review period. Add development	e Training Plan for STEM OPT Stu dress whether there are any modif	idents Discuss accomplishments, successications to the objectives and goals for pr	ssful projects, overall contributions, etc., rojects, or new areas for skill and competency
Range of Evaluation Dates:	From (mm-dd-yyyy):	To (mm-dd-yyyy):	
This section should be left You must complete and su	blank when initially applying for sibmit this section after completing	STEM Extension. your STEM Extension, or any time you	end employment with a specific employer.
Signature of Student (Sign in	ink):		
Signature of Student (Sign in Printed Name of Student:	ink):		Date (mm-dd-yyyy):
Printed Name of Student:	ink):  With Signatory Authority (Sign in i	ink):	Date (mm-dd-yyyy):

**EVALUATION ON STUDENT PROGRESS** 

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