



STEM Optional Practical Training (STEM OPT) Form I-983 Guide



Start early

- USCIS must receive your STEM OPT application before your 12-month Post-Completion OPT ends
 - You can apply 90 days prior to your OPT end date
- We highly recommend applying early, however, we will only be able to process your STEM-endorsed I-20 up to 90 days before your OPT end date
- You must submit your application to USCIS within 60 days of receiving your STEM-endorsed I-20
- Upon a timely submission of your STEM OPT application to USCIS, you can continue to work for up to 180 days after your OPT end date while USCIS adjudicates your application

STEM-endorsed I-20



Materials needed for a STEM-endorsed I-20

- Submit a completed c3C, Form I-983 and a copy of your EAD by emailing all materials to iss@osu.edu
- You must fill out a Form I-983 with your employer. If the I-983 does not meet government requirements, you will be required to submit a revised copy
- Once all requirements have been met, you will receive a STEM OPT-endorsed I-20, along with applicable instructions for submitting your application to USCIS

Processing a STEM-endorsed I-20

- We cannot issue a STEM OPT I-20 until the I-983 meets all requirements
- Processing delays are mostly caused by the need for revisions on the form I-983
- The instructions included on the I-983 do not give students and their employers all the information required need to properly complete the form I-983
- The Office of International Affairs is required to keep a copy of your I-983 on file should USCIS, ICE or SEVP ever request to view it. You should submit it in a format that would be appropriate to share with a government agency. Issues with document formatting, legibility, and text that does not fit in the fields of the form will require that you submit a revised I-983.
- This guide contains all the information needed to construct a successful I-983

Section one: Completed by student

- The following slides outline how section one of the training plan should be completed

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name (Surname/Primary Name, Given Name): _____		Student Email Address: _____	
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: _____		Student SEVIS ID No.: _____	STEM OPT Requested Period (mm-dd-yyyy): From: _____ To: _____
Qualifying Major and Classification of Instructional Programs (CIP) Code: _____			
Level/Type of Qualifying Degree: _____			
Date Awarded (mm-dd-yyyy): _____			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: _____			

Section one: Completed by student

- Enter your name exactly in this order. Do not forget the comma. This is how a person unfamiliar with your name will understand which part is your surname and which part is your given name.

Student Name (Surname/Primary Name, Given Name):	
Name of School Recommending STEM OPT: The Ohio State University	Name of School Where STEM Degree Was Earned: The Ohio State University

Section one: Completed by student

- Enter your email address
- Page 1 of your current I-20 lists this under ‘School Code and Approval Date’. It should be one of the following:
 - CLE214F00442001
 - CLE214F00442000-COLUMBUS CAMPUS
 - CLE214F00442002

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

Section one: Completed by student

- DSO Name & Information
 - You can use any immigration coordinator's name and email in addition to the information listed below

The Ohio State University
2009 Millikin Rd
Columbus, OH 43210
614-292-9101

Designated School Official (DSO) Name and Contact Information:
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- The above information should be included in the DSO field. If you have trouble fitting the necessary number of characters in the space provided, changing the font size or style may be helpful. Otherwise, you may clearly hand-write the text above.

Section one: Completed by student

- You can find your SEVIS ID number in the top left corner of your current I-20; starts with “N00”
- The start date must be the day after the end date listed on your 12- month OPT EAD card.
- The end date must be 2 years later
- Example: If your 12-month OPT ends 7/4/2023, your STEM OPT Requested Period is: 7/5/2023-7/4/2025.

Student SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy): From: _____ To: _____
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Section one: Completed by student

Qualifying Major and Classification of Instructional Programs (CIP) Code: _____

➔ Enter *both* your major and its CIP Code as listed on your current I-20

Level/Type of Qualifying Degree: _____

➔ Enter Bachelor's, Master's OR Ph.D. as listed on page 1 of current I-20.

Date Awarded (mm-dd-yyyy): _____

➔ Date awarded should match the commencement date of the semester your program was completed.

Based on Prior Degree? Yes No

Employment Authorization Number: _____

➔ Check your EAD card for your Employment Authorization Number. It should follow this format: XXX-XXX-XXX. Make sure you are not writing a receipt number.



Check "No" if applying based on your recently earned STEM degree from Ohio State. Otherwise, check "Yes."

Section two: Completed by student

- Any time revisions are made to the I-983, the signatures in Sections 2, 4 and 6 need to be updated with new signature and dates. This shows that all parties signing the I-983 agree to the changes.
- You are responsible for ensuring that the information listed in your form I-983 training plan are accurate and current. The I-983 is a living document, meaning that OIA should always have a copy on file that accurately reflects what your work opportunity currently looks like. If any material aspect of your employment changes, you are responsible for working with your employer to update your form I-983 and reporting the change to OIA.
- **Notice that the document must be signed by all parties including the student**
- **Electronic signatures are permitted**

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

Section three: Completed by employer

This should be the name of your employer as they are listed in E-Verify



Employer Name:	Street Address:	Suite:	
Employer Website URL:	City:	State:	ZIP Code:



This should be the URL for your employer's website. If there is no company website, enter "N/A."

This should be the full corporate address of the main office/headquarters of the company employing you.

Section three: Completed by employer

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:	
Start Date of Employment (mm-dd-yyyy):	A. Salary Amount and Frequency: _____	
	B. Other Compensation (Type and Estimated Amount or Value):	
	1. _____	



This should list your STEM OPT requested start date, or the date your employment will begin with the employer while on STEM OPT, *not* the start date of employment while on 12-month post-completion OPT



This must list both your salary and how often you are paid. Example: \$100,000, paid annually/bi-weekly, etc.

Section four: Completed by employer

- The I-983 does not necessarily need to be signed by your direct supervisor. The person who signs on behalf of your employer must be an employee of the company, have the authority to sign to the terms outlined in Section 4 and be familiar with your training plan as outlined in Section 5.
- Any time revisions are made to the I-983, the signatures in Sections 2, 4 and 6 need to be updated with new signature dates. This shows that all parties signing the I-983 agree to the changes.
- **Notice that the document must be signed by all parties including the student**
- **Electronic signatures are permitted**

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: _____

Section five: Completed by student and employer

- You and your employer should carefully read the [information provided by USCIS](#) regarding the employment requirements for F-1 students on STEM OPT to ensure compliance
- Specifically, the guidance stipulates that oversight and supervision must be conducted in person by the employer, as USCIS may at their discretion conduct site visits to ensure that your training is in compliance with the regulations and that your employer can adequately provide the training indicated on the I-983
- Your STEM OPT employment should take place at a worksite belonging to your employer as specified in the Form I-983 and that your training program should include in-person supervision by the company that employs you

Section five: Completed by student and employer

- Enter your name exactly as it appears on Section 1
- Enter your employer's name exactly as it appears in Section 3

Student Name (<i>Surname/Primary Name, Given Name</i>):
Employer Name:

Section five: Completed by student and employer

EMPLOYER SITE INFORMATION	
Site Name:	Site Address (Street, City, State, ZIP):



If you are working for a branch or subsidiary of a large entity, or anywhere other than your employer's headquarters, provide the name of this work site. If you work at your employer's headquarters, enter your employer's name as it appears in Section 3.



This is the address we must report in SEVIS, so it needs to be accurate. Notice that this cannot be your remote or residential address. If you work partially at a remote location, you must indicate this information in the additional section on page 5 and report the company's corporate/official address in the field above.

Only one Site Name and Site Address can be listed. Any time your primary work site changes, you must report the change to OIA and provide us with a copy of your I-983, with the Site Name and Site Address updated.

Section five: Completed by student and employer

- Enter the name, title and contact information for the official at your company who is familiar with and will monitor your goals and performance. This may or may not be the same Employer Official who signs in Section 4.

Name of Official:	Official's Title:
Official's Email:	Official's Phone Number:

Section five: Training Plan – Completed by student and employer

- Your employer's training plan must be fully explained in Section 5. None of the four main fields should be left blank. Your employer may wish to include supplemental information as an addendum. The information provided on the I-983 must meet the requirements of each field. Any text that does not fit in the applicable field can be entered in the Additional Remarks field.
- The instructions provided on the I-983 are not exhaustive and do not explain the details required to be provided in each section.
- This section is to be written by your employer. We are not able to accept Training Plans that appear to have been written by the student or in first-person.

Section five: Training Plan – Completed by student and employer

- The Student Role field must explain the following:
 1. Your tasks and assignments. The more detail the better!
 2. How the tasks directly relate to your STEM degree/coursework. It is not sufficient to state that the role is related to your qualifying degree; the relationship must be explained. Oftentimes, employers explain how the student's position relates to specific courses the student took during their qualifying degree or specific skills that they learned through their studies that they apply the course of their training/employment.

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.



Section five: Training Plan – Completed by student and employer

- The Goals and Objectives field must explain the following:
 1. What skills, knowledge and techniques you will be gaining in this position and how this correlates with the STEM degree
 2. How these goals and objectives will be achieved
 3. The timeline by which these goals should be achieved. This timeline needs to cover the entire 24-month period of the STEM OPT extension.

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.

Section five: Training Plan – Completed by student and employer

- The Employer Oversight field must show how you will be supervised and overseen. Since USCIS may at its discretion conduct site visits, your employer should provide how they will provide in-person supervision to you.

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.

Section five: Training Plan – Completed by student and employer

- The Measures and Assessments field must correlate with your employer's training plan. It needs to show how your employer will measure and assess your process of acquiring the knowledge and skills outlined in the Goals and Objectives field.

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.

Section five: Training Plan – Completed by student and employer

- The Additional Remarks field is optional. If there is not enough space for your employer’s response elsewhere on Section 5 of the training plan, the remaining text can be placed in the Additional Remarks field. If working partially remotely, that information must be clearly provided here and include the remote working address.

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

Section six: Completed by employer

- The individual who endorses the certification does not necessarily need to be, but can be, the same individual who signed Section 4
- They must be an employee with signatory authority for the employer
- **Notice that the document must be signed by all parties including the student**
- **Electronic signatures are permitted**

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): _____

Evaluation on student progress

- Since you have not yet begun your STEM OPT Extension training, the Evaluation on Student Progress section should be left blank at the time you are applying for the STEM OPT.
- Per reporting requirements, you will be required to submit an Evaluation on Student Progress while on STEM OPT at your 12-month and 24-month marks as well as any time you change employers.

EVALUATION ON STUDENT PROGRESS	
<small>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.</small>	
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): _____

Changing employers while on STEM OPT

STEM OPT Requested Period (mm-dd-yyyy):	
From: _____	←
To: _____	←

Your start date with your current employer

The end date listed on your STEM OPT EAD card

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Start Date of Employment (mm-dd-yyyy):

Your start date with your current employer

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

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.

Remember that this field must contain a timeline, even if there is only a short period of time remaining in your STEM OPT extension

Changing employers while on STEM OPT

- Anytime you change employers you and your new employer must submit a new I-983 to OIA for review
- You will need to submit an evaluation for the STEM job that is ending. The start date should be the date when employment with the employer began and end date, the date it ended with the employer.
- The bottom of the page should be signed and dated by yourself and your employer
- **Notice that the document must be signed by all parties including the student**
- **Electronic signatures are permitted**

EVALUATION ON STUDENT PROGRESS	
<small>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.</small>	
Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____	
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): _____

12-month self-evaluation

- This part is required to be completed by the student after 12 months of being on the STEM OPT. Evaluate your performance with this employer since you began STEM OPT.
- Enter the start date on your STEM OPT EAD card if you have not changed employers while on STEM OPT. If you have changed employers while on STEM OPT, enter your employment start date.
- The self-evaluation must be signed and dated by yourself and by your current employer
- **Notice that the document must be signed by all parties including the student**
- **Electronic signatures are permitted**

EVALUATION ON STUDENT PROGRESS	
<small>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.</small>	
Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____	
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): _____

Additional resources

- Send any questions to iss@osu.edu
- ICE has helpful instructions for the I-983:
 - [Training Plan for STEM OPT Students](#)
 - [Completing the Form I-983](#)
 - [Interactive resource for filling out the I-983](#) (not supported with all web browsers; recommended to use Firefox)
 - [STEM OPT Extension Quick Links](#)



Contact an immigration coordinator/DSO

- Advising hours:
 - Monday-Friday, 1-4 p.m. (virtual or in-person appointments during the academic year)
 - Schedule an appointment:
go.osu.edu/intstuappointment
- Email: iss@osu.edu
- Phone: 614-292-6101