

STEM OPT Extension 101

About STEM OPT

- STEM: Science, Technology, Engineering, and Math
- STEM OPT Extension:
 - Temporary employment that is directly related to an F-1 student's major
 - Students in eligible STEM majors may apply for a 24-month extension during Post-Completion OPT upon meeting qualifications
 - STEM field must appear on the U.S. Department of Homeland Security's (DHS) [STEM-Designated Degree Program List](#)

STEM OPT Extension 101 Outline

- [About STEM OPT](#)
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About STEM OPT

- “Who decides if the job is related to my major?”
 - Students must justify how the job is related to their major
 - The training plan will document how your job is related to your major
- Ask “Is there a clear connection between the job and my major?”

About STEM OPT

- Available to students who have completed an undergraduate or graduate degree in a STEM eligible field from a SEVP-certified and accredited school
- Students must apply during a current period of Post-OPT
 - Students may apply no earlier than 90 days before the end of Post-OPT
 - Use this site to help calculate when to apply - <https://www.timeanddate.com/>
 - USCIS must have received and receipted your STEM OPT application **before** your Post-OPT expires
- Allowed twice in a lifetime
 - Students may be eligible for a second extension after earning another qualifying STEM degree at a higher level or obtaining a new initial period of standard 12-month Post-OPT

STEM Eligibility for a Previous Degree

- Students may apply for STEM OPT based on a previously obtained and directly related STEM degree
 - Must be a valid period of 12-month Post-OPT
 - Previous STEM degree must be fully conferred and awarded from an accredited and SEVP-certified institution
 - Previous STEM degree must have been awarded within 10 years preceding the date the DSO recommends the student for STEM OPT
 - Position must be directly related to the Previous STEM degree
 - STEM degree needs to be listed on DHS's [STEM-Designated Degree Program List](#) at the time the student applies

Employer Requirements

- Employer must be enrolled in USCIS's [E-Verify](#) employment eligibility verification program
- Form I-983 must clearly describe how the employment is directly related to the student's STEM degree
- F-1 students must be employed full-time by the employer signing Form I-983

Employer Requirements

- Employer must assist with and sign the student's [Training Plan \(Form I-983\)](#)
- By signing the form, the employer verifies
 - They have sufficient resources and trained personnel available to provide appropriate training in connection with the student's major
 - The STEM OPT student will not replace a full-time, part-time, temporary, or permanent U.S. employee
 - The opportunity will help the student attain their training objectives
- In the event of termination or departure of a student on STEM OPT, the employer must report the change to ISSS within **5 business days** with a letterhead from their HR department

Training Plan (Form I-983)

- Complete Form I-983 with your employer's assistance
- Submit the form to UNT's International Student and Scholar Services Office (ISSS) in Marquis 110 or via email to internationaladvising@unt.edu
- Students are responsible for completing this form and submitting it to ISSS with their STEM OPT request
 - The I-983 form must be submitted to ISSS before applying for STEM Extension
- [Form Overview](#)

Report Material Changes to Form I-983

- If there are any “material” or employer changes (e.g. different job), an updated I-983 form must be submitted to ISSS via the [iNorthTX](#) portal **within 10 days** during the 24-month extension
- “Material” changes include:
 - EIN changes
 - Salary reduction
 - Hours significantly decrease
 - Worksite address change
 - Change in supervisor
 - A change that renders the training plan or employer attestation inaccurate
- **Both the students and employers must sign the modified training plan**
- **The modified form must be submitted to ISSS at UNT**


Report Material Changes to Form I-983

- Some job/assignment changes do not require modification to the I-983 form
 - Changes are not “material” unless they render inaccurate the information originally listed on the training plan:
 - Nature
 - Purpose
 - Oversight (e.g. change of supervisor)
 - Assessment of the OPT
- Contact ISSS if you have questions about “material” changes
 - internationaladvising@unt.edu
 - 940-565-2195

Change in Employment during STEM OPT

- If you change employers during your 24-month STEM OPT period, follow the instructions below. (If your STEM EAD has not yet been approved by USCIS, contact an advisor at ISSS for more information.)
- Do the following in [iNorthTX](#):
 - Under F-1 Practical Training, click on the STEM OPT Change in Employment Report.
 - Add the new employer information and upload a new I-983 for the new employer.
 - Complete and upload the Final Self-Evaluation (found at the bottom of page 5 on your I-983) for your concluding (previous) employer.
- Update your employment information on the SEVP Portal
- Request ISSS for an updated I20

Report Change in Employment in iNorthTX



iNorthTX

Services for the international community of UNT

Secure Online Session
John Doe
Campus: UNT
Network ID: sa0870

- iNorthTX Home Page**
- Biographical Information**
- F-1 Practical Training**
 - Post OPT - Employment Report
 - STEM OPT - Change in Employment Report**
 - STEM OPT Participation Report
- International Office**
- New Student Forms**
- Logout of iNorthTX**

STEM OPT - Change in Employment Report

Complete this e-form to report any material changes in employment during 24 Month STEM OPT. Please note: a completed I-983 is required to submit this e-form.

Material changes include (but are not limited to):

- Change in Employer
- Significant Salary Changes
- Change in Job Title
- Change in Job Location

Additional information regarding STEM OPT can be found online at: <https://international.unt.edu/content/24-month-stem-opt-extension>

NOTE: If you are currently in a period of 12 Month Post Completion OPT, do not use this e-form. Return to the Practical Training Menu to select "Employer Report - 12 Month Post Completion OPT."

Select OPT Approval Period *

01/01/2019 - 12/31/2019 Approved Post-Completion
 08/01/2019 - 07/31/2021 Approved STEM Extension

Please select the material change to your employment that you would like to report: *

Change in Job Location

Current U.S. Address (must be where you are currently living):

Street Address 1: * 2345 Bonnie Brae
Street Address 2: Apt 2D
City: * Denton
State: * Texas
Zip Code: * 76203

Employer Name (Section 3 of I-983 Training Plan): * Intex International
Employer Employer Identification Number (EIN): * 75-239820

Employer Headquarter Address:

Street Address 1: * 18200 Sherman Way
Street Address 2: Suite 700
City: * Dallas
State: * Texas
Zip Code: * 75225

Work Site Physical Address (Section 5 of I-983 Training Plan)

This address is where you work every day. Please enter one of the following:

- If you work at your Employer's Headquarters, enter this address again below.
- If you work at a client site, enter the client site's physical address below.
- If you work remotely from home, enter your physical home address below.

Street Address 1: * 8005 Waylan Ave
Street Address 2: Suite 180
City: * Dallas
State: * Texas
Zip Code: * 75225

Supervisor Last Name * Andrews
Supervisor First Name * Tim
Supervisor Phone * 972-555-2322
Supervisor Email * timandrews@intexintl.com

New Employer or Material Change Start Date of Employment: * August 10 2019

YOUR Job Title: * Research Assistant

Please indicate if you are working part-time (<20 hours per week) or full-time (>20 hours per week) for your current employer. * Full Time

Please upload **completed** I-983 Training Plan for your change in employment. * I983 Training Plan.pdf

Would you like an updated I-20 reprinted? * YES NO

* required fields


Student Requirements

- No more than 150 days of unemployment are allowed between OPT and STEM OPT
 - 90 days on OPT, plus 60 days on STEM
- **Volunteer work is not allowed**
 - STEM Extension requires full-time, paid employment
- If you are employed concurrently by more than one employer while on STEM OPT, you must work a minimum of 20 hours per week with each employer
 - Each employer must participate in the E-Verify system
 - A separate I-983 must be submitted for each employer

Report Employment Participation

- 6-Month STEM OPT Participation Reports
 - You must report to ISSS every 6 months with:
 - Legal Name
 - Residential and Mailing addresses
 - Employer name and address
 - Status of current employment/OPT experience
 - Submit your **6-month** and **18-month** STEM OPT participation reports on iNorthTX

Report Employment Participation in iNorthTX



iNorthTX

Services for the international community of UNT

[Secure Online Session](#)

John Doe
Campus: UNT
Network ID: sa0870

- [iNorthTX Home Page](#)
- [Biographical Information](#)
- [F-1 Practical Training](#)
- [Post OPT - Employment Report](#)
- [STEM OPT - Change in Employment Report](#)
- [STEM OPT Participation Report](#)**
- [International Office](#)
- [New Student Forms](#)
- [Logout of iNorthTX](#)

STEM OPT Participation Report

Complete this form to fulfill your 6 Month STEM OPT Reporting Requirements if there has been no change in your employment. You must complete this form every 6 months after the approval date on your EAD card. Additional information regarding STEM OPT can be found online at: <https://international.unt.edu/content/24-month-stem-opt-extension>

NOTE: if you are in your 12th month or last month of STEM OPT, you must submit your I-983 Training Plan and appropriate evaluation with this form.

Make sure you select the appropriate OPT Approval Period for STEM Extension.

Select OPT Approval Period *

01/01/2019 - 12/31/2019 Approved Post-Completion

08/01/2019 - 07/31/2021 Approved STEM Extension

Have there been material changes to your employment in the last 6 months?

*Material changes include (but are not limited to): Change in Employer, Significant Salary Changes, Change in Job Title, Change in Job Location **

YES NO

Please enter your current physical U.S. address.

NOTE: This address must be where you are currently living in the U.S.

US Street Address: *

Apartment Number:

City: *

State: *

Zip Code: *

Please confirm your current employer's information below:

Company Name (Section 3 of I-983 Training Plan): *

Employer Identification Number (EIN): *

Employer Headquarter Address:

Street Address 1: *

Street Address 2:

City: *

State: *

Zip Code: *

Work Site Physical Address (Section 5 of I-983 Training Plan)

This address is where you work every day. Please enter one of the following:

- If you work at your Employer's Headquarters, enter this address again below.
- If you work at a client site, enter the client site's physical address below.
- If you work remotely from home, enter your physical home address below.

Street Address 1: *

Street Address 2:

City: *

State: *

Zip Code: *

Job Title *

Employment Start Date: *

Supervisor Last Name *

Supervisor First Name *

Supervisor Phone *

Supervisor Email *

How long have you been approved for STEM OPT? *

6 Month 12 Month 18 Month 24 Month

Please submit your final evaluation on your I-983 Training Plan (bottom half of page 5). Your employer must also complete your final evaluation.

1983 Training Plan.pdf

* required fields

12 and 24-month Student Evaluations

- **12-month** Self-Evaluation
 - Complete top section, Evaluation on Student Progress, on page 5 of the I-983. Refer to [sample](#)
 - Must be signed by hand by the student and employer
 - Submit to ISSS via iNorthTX (STEM OPT Participation Report) no more than 10 days after the 12-month mark
- **24-month** Self-Evaluation
 - Complete bottom section, Final Evaluation on Student Progress, on page 5 of the I-983. Refer to [sample](#)
 - Must be signed by hand by the student and employer
 - Submit to ISSS via iNorthTX (STEM OPT Participation Report) no more than 10 days after the completion of STEM OPT

When to Apply

Note: It can take USCIS about 90 days to process OPT applications- apply early!

USCIS must receive your application before this day

SUBMIT YOUR APPLICATION DURING THIS TIME



No earlier than 90 days before Post-OPT expiration

Post-OPT Expiration Date

After STEM OPT

24 months of STEM OPT

60-day grace period
(Choose from 4 options)



Change Levels: You must apply, be admitted and get a new I-20 before the end of the grace period

Transfer Schools: Receive your I-20 from the new school before the grace period ends! If you transfer while your OPT is valid, the rest of your OPT will be cancelled when the SEVIS is “released”

Change Status: OPT is often a transition to an H-1B visa

- Contact ISSS if your employer files an H-1B application for you

Return Home

Completing Form I-765

The I-765 is an application you send to USCIS to apply for STEM OPT.

- There is a \$410.00 filing fee required with the application.
- You will need to submit the application form and additional documents as needed. You can get more information and download the I-765 here: <https://www.uscis.gov/i-765>.



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

► **START HERE - Type or print in black ink.**

- We will go through each section step by step in the next slides.

Select reason 1.c.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

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Advising
Note:



You must
type or
write your
application
in black
ink!

Fill in Part 2, 1.a., 1.b. and 1.c. with your legal name that matches your passport.

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Fill in lines 2-4 if you have had any previous legal names or if you have used other names in the past. If you've changed your name for any reason, including marriage, please list your previous names here.

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

ISSS

5.b. Street Number and Name

1155 UNION CIR 311067

5.c. Apt. Ste. Flr.

5.d. City or Town

DENTON

5.e. State

TX

5.f. ZIP Code

76203

[\(USPS ZIP Code Lookup\)](#)

6. Is your current mailing address the same as your physical address?

Yes No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

Fill in Part 2, 5.a. - 5.e. with our office address information (recommended). You can also enter your address if you prefer.

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Enter your address information on lines 7.a. - 7.d. if you marked "no" to question #6.

U.S. Physical Address

7.a. Street Number and Name

YOUR ADDRESS HERE

7.b. Apt. Ste. Flr.

7.c. City or Town

DENTON

7.d. State

TX

7.e. ZIP Code

76203

*By choosing the UNT ISSS office address as your mailing address in the I-765, you authorize the ISSS staff to open all USCIS correspondence including receipt notices and EAD cards and make a copy for your file.

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-

9. USCIS Online Account Number (if any)
▶

10. Gender Male Female

11. Marital Status
 Single Married Divorced Widowed

12. Have you previously filed Form I-765?
 Yes No

13.a. Has the Social Security Administration (SSA) ever
officially issued a Social Security card to you?
 Yes No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

Fill in lines 8 or 9 only if you have previously been issued one of these numbers. Otherwise leave blank. Please note: A-Number = USCIS# on your EAD card.

Fill in lines 10-11 with your information.

You should already have a Social Security number.

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Advising
Note:



Since you have had a previous OPT, check 'Yes' for lines 12 & 13.

13.b. Provide your Social Security number (SSN) (if known).

▶

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Enter your Social Security Number on line 13.b.

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)

Yes No

Answer 'No' on line 14.

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2.**, **Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

Yes No

Leave lines 15-17 blank.

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Fill in your country of citizenship in line 18.a.

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national.
If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

18.a. Country

YOUR COUNTRY OF CITIZENSHIP

18.b. Country

If you hold dual citizenship, enter your second country of citizenship on line 18.b.

Fill in your information on lines 19- 20.

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

CITY WHERE YOU WERE BORN

19.b. State/Province of Birth

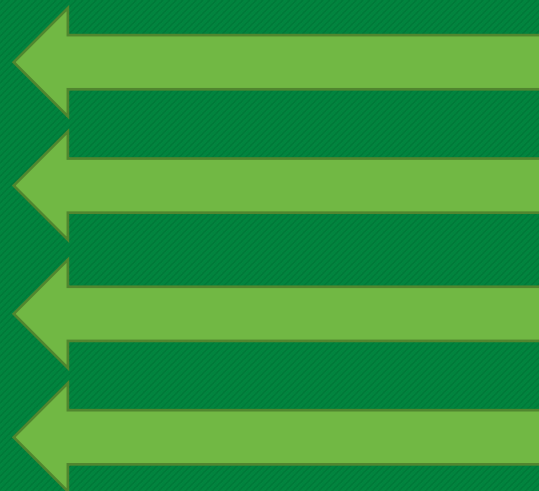
STATE OR PROVINCE WHERE YOU WERE BORN

19.c. Country of Birth

COUNTRY WHERE YOU WERE BORN

20. Date of Birth (mm/dd/yyyy)

01/01/1900



Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ 1 2 3 4 5 6 7 8 9 1 0

21.b. Passport Number of Your Most Recently Issued Passport

YOUR PASSPORT NUMBER

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

YOUR COUNTRY OF CITIZENSHIP

21.e. Expiration Date for Passport or Travel Document
(mm/dd/yyyy)

11/15/2018

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

11/15/2018

23. Place of Your Last Arrival Into the United States

AIRPORT OR BORDER CROSSING LOCATION

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1 STUDENT

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-1 STUDENT

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- 0012345678

Fill in your most recent I-94 number on line 21.a.

If you don't know your I-94, you can get it here: <https://i94.cbp.dhs.gov/i94/#/recent-search>

Enter your passport information on lines 21.b - 22.e.

If your F1 visa was issued in a previous passport, see the instructions for page 7.

Enter your most recent travel information in lines 22-25.

Enter your most recent SEVIS ID Number in line 26. If you have had more than one SEVIS ID number, see the instructions for Page 7.

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Advising
Note:



You should always carry a copy of your I-94 with you!

For STEM OPT, fill in the eligibility category (c)(3)(c) on line 27.

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Information About Your Eligibility Category

27. Eligibility Category. Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

() () ()

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.c.

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number



Application will be denied if this information is incorrect. Ask HR at your employer for their E-Verify number.

Advising Note:



The E-verify number is different from the EIN number. Please request this information from your employer.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5.**,

prepared this application for me based only upon information I provided or authorized.

Answer question 1.a.

If you had an interpreter or a preparer help you with your application, follow the instructions for line 1.b. or line 2.

Enter your contact information on lines 3 - 4.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Signature

7.a. Applicant's Signature
➔

7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Sign your application!

This must be signed in black ink!

Date your application.

Do not fill in page 5 or 6 unless you have used an interpreter or preparer for your application.

Go to page 7 to enter information about your Post Completion OPT and if you have had a previous passport number or SEVIS ID number.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. OPT AUTHORIZATION

BACHELOR'S

ENGINEERING, GENERAL - 14.0101

FULL-TIME

N0012345678

01/01/2017-12/31/2018

You will need to list your Post Completion OPT authorization here.



Fill in page 7 like this. Make sure to include your degree level, major and CIP code (found on your I-20), full-time authorization, SEVIS ID number, and approved OPT dates.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. F1 VISA ISSUED IN PREVIOUS PASSPORT
NUMBER A123456.
PASSPORT EXPIRATION DATE 01/01/2013.

If your F1 visa was issued in a previous passport, you will need to list that passport information here.

Fill in page 7 like this.

If your F1 visa is in your current passport, please leave this blank.

Advising Note:



If you have had to renew your passport or if your passport has been lost or stolen since your visa was issued, please list your old passport on your application.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number	3.b. Part Number	3.c. Item Number
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="26"/>

3.d. PREVIOUS SEVIS ID NUMBER

N0012345678

BACHELOR'S

ENGINEERING, GENERAL - 14.0101

01/15/2013-05/15/2017

If you have had a previous SEVIS ID number, you will need to list it here.

Fill in page 7 like this. Make sure to include your degree level, major and CIP code (found on your I-20), authorization, SEVIS ID number, and I-20 program dates.

If you have not had any previous SEVIS ID numbers, please leave this blank.

Advising Note:



If you have had to re-enter to correct status, gone on authorized early withdrawal, or have studied at another school or degree level in the past, you may have an old SEVIS ID number.

Completing Form I-983

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

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 03-31-2019

TRAINING PLAN FOR STEM OPT STUDENTS

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

I-983
Page 1
Section
1

SECTION 1: STUDENT INFORMATION (Completed by Student)

Student Name (Surname/Primary Name, Given Name): Last Name, First Name		Student Email Address: Email Address	
Name of School Recommending STEM OPT: University of North Texas	Name of School Where STEM Degree Was Earned: University of North Texas	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): DAL214F00610000	
Designated School Official (DSO) Name and Contact Information: Elizabeth Ford internationaladvising@unt.edu 940-565-2195 1155 Union Circle #311067, Denton, TX 76203		Student SEVIS ID No.: Nxxxxxxxxxx SEVIS ID # on your I-20)	STEM OPT Requested Period (mm-dd-yyyy): From: MM/DD/YYYY To: MM/DD/YYYY
Qualifying Major and Classification of Instructional Programs (CIP) Code: Major and xx.xxxx (CIP code on your I-20)			
Level/Type of Qualifying Degree: Bachelor/Master/Ph.D		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.	
Date Awarded (mm-dd-yyyy): MM/DD/YYYY			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Authorization Number: USCIS # on your EAD card, 9 digits, XXX-XXX-XXX			

Advising
Note:



Be as accurate as possible when completing the form. It can be filled out by hand or preferably typed.

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:

Student's handwritten signature

Printed Name of Student:

Student's name

Date (mm-dd-yyyy):

MM/DD/YYYY

Advising
Note:



Be sure to
sign by hand.
No
e-signatures.

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name: Name of Employer		Street Address: Employer address		Suite: Suite #
Employer Website URL: Employer website		City: City	State: State	ZIP Code: Zip Code
Employer ID Number (EIN): Employer EIN # : XX-XXXXXXX	Number of Full-Time Employees in U.S.: # of FT employees in US	North American Industry Classification System (NAICS) Code: NAISC Code: http://www.census.gov/eos/www/naics/		
OPT Hours Per Week (must be at least 20 hours/week): Hours Per Week	Compensation:			
Start Date of Employment (mm-dd-yyyy): MM/DD/YYYY	A. Salary Amount and Frequency: Salary\$			
	B. Other Compensation (Type and Estimated Amount or Value):			
	1. If any,			
	2. _____			
	3. _____			
	4. _____			

Advising Note:



Be as accurate as possible when completing the form. Do not leave any items blank.

Notes:

- Enter the Employer's official name. This will be how your employer's name will be listed on your I-20.
- The Employer's address does not have to match your worksite address.
- This section is asking for the EIN, not the employer's E-Verify Number. The E-Verify number is needed on the I-765.
- Look up the NAISC code at <https://www.census.gov/eos/www/naics/>

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: Employer's handwritten signature

Printed Name and Title of Employer Official with Signatory Authority: Name and title of employer

Date (mm-dd-yyyy): MM/DD/YYYY Printed Name of Employing Organization: Printed name of company

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Advising
Note:



Be sure to
sign by hand.
No
e-signatures.

Notes: This form needs to be signed by a company employee with signatory authority; it does not need to be your supervisor.

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" value="Student's name"/>	
Employer Name: <input type="text" value="Employer's name"/>	
EMPLOYER SITE INFORMATION	
Site Name: <input type="text" value="Enter the employer's site name, which may be the same as employer name in Section 3."/>	Site Address (Street, City, State, ZIP): <input type="text" value="Enter the exact address of the work site where the STEM practical training will take place."/>
Name of Official: <input type="text" value="Supervisor's name"/>	Official's Title: <input type="text" value="Supervisor's title"/>
Official's Email: <input type="text" value="Supervisor's email"/>	Official's Phone Number: <input type="text" value="Supervisor's Phone Number"/>

Advising
Note:



Enter the
actual
physical site
address of
where you
work.

Notes:

- Enter the actual physical location where you will be employed, i.e. where will you be physically located. This may differ from the company's headquarters or primary address. This address will be listed on your SEVIS record and I-20.
- The supervisor must be an employee of the same company where you are employed.
- If you are physically working at a client's worksite, you should list the client's worksite address. However, the supervisor still needs to be an employee of your company, not the client's.

Advising
Note:



Collaborate
with your
supervisor
when
completing
this section.

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 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, 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 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 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.

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

Provide any additional pertinent information.

Notes:

- Additional remarks. Complete only if there are pertinent parts of your training that are not covered elsewhere on the form I-983.

Advising
Note:



Collaborate
with your
supervisor
when
completing
this section.

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: Employer's handwritten signature

Printed Name and Title of Employer Official with Signatory Authority: Name and title of employer

Date (mm-dd-yyyy): MM/DD/YYYY

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.

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Advising
Note:



Be sure it is
signed by
hand. No
e-signatures.

Notes: Section 6 needs to be signed by a company employee with signatory authority; it does not need to be your supervisor.

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): MM/DD/YYYY To (mm-dd-yyyy): MM/DD/YYYY

← The first 12-month evaluation *while you are on the 24-month 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: Student's handwritten signature

Printed Name of Student: Student's Name

Date (mm-dd-yyyy): MM/DD/YYYY

Signature of Employer Official with Signatory Authority: Employer's handwritten signature

Printed Name of Employer Official with Signatory Authority: Employer's name

Date (mm-dd-yyyy): MM/DD/YYYY

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Top
Section

Advising
Note:



The first 12-month evaluation is based off of EAD start date, not employer start date.

Notes:

- The top section of page 5 - Evaluation on Student Progress - needs to be completed 12 months after you started your STEM OPT work authorization, based off the start date on your STEM OPT EAD card. It does not matter when you actually started work at your current employer.
- This needs to be signed by a company employee with signatory authority; it does not need to be your supervisor

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):

← 24-month evaluation while you are on the 24-month 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:

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):

Advising
Note:



Complete this section upon changing employer and/or when STEM OPT work authorization concludes.

Notes:

- The bottom section of page 5 - Final Evaluation on Student Progress - needs to be completed **1)** whenever you discontinue employment with a specific employer while on STEM OPT **and 2)** 24 months after you started your STEM OPT work authorization, based off the start date on your STEM OPT EAD card.
- This needs to be signed by a company employee with signatory authority; it does not need to be your supervisor

How to Apply

- At the end of this presentation take a [quiz](#) (must score 100%) and fill out application documents.
- Submit quiz score to ISSS Office (Marquis 110) or via email to internationaladvising@unt.edu and [apply](#) for a STEM OPT I-20
 - You must submit [Form I-983](#) with the [request for the STEM OPT I-20](#)
 - You are required to send your application to USCIS within 60 days of your I-20 being issued
- Pay OPT Case Management Fee [online](#)
 - This is separate from the USCIS application fee
 - Must be paid before picking up new I-20
- Send all required documents to the address listed on the application

Application Checklist

- \$410 check or money order payable to *Department of Homeland Security*
- 2 color passport-style photos
 - *Lightly* write your name and I-94 number on the back of both
- Completed I-765 form (refer to the instructions listed in this tutorial on how to complete the I-765 form)
- Signed copy of pages 1 & 2 of the I-20 showing STEM OPT recommendation
- Copy of I-94 card (both sides) or electronic record
- Copy of passport (expiration/biographical page)
- Copy of F-1 visa stamp or I-797A (Approval Notice) if you changed status to F-1 while in the US
- Copy of your diploma and/or official transcript showing date degree was conferred

Assembling your Packet

- You will be emailed when your OPT I-20 is ready
 - The [OPT Case Management Fee](#) must be paid before you can receive your I-20
- If you bring or email (internationaladvising@unt.edu) all required STEM OPT packet documentation, an advisor will review the packet to ensure accuracy before you mail it

Mailing your Packet

- Copy the entire packet for your records
- If you listed an **address in Texas** on the I-765, mail the packet through one of the following methods:

USPS Deliveries (Post Office)

- USCIS
P.O. Box 660867
Dallas, TX 75266
- Mail “Certified mail,
return receipt requested”

Courier Service (FedEx, DHL, UPS, etc.)

- USCIS
Attn: AOS
2501 S. State Highway 121,
Business Suite 400
Lewisville, TX 75067

- If your address on the I-765 is **not in Texas**, click [here](#) to find the nearest USCIS office and mail accordingly
- If you have any questions, contact ISSS

Next Steps

- USCIS will cash your check and send a receipt which helps in 2 ways:
 - Check your case status at uscis.gov (use the YSC number)
 - Confirms they received the application and are working on it
 - Normal processing time is 60-110 days
- Once processed, USCIS will send the EAD

The receipt and card will be mailed to the address you listed on the I-765

Frequently Asked Questions

“Can I work while waiting on my STEM Extension EAD?”

- You may work up to 180 days after the end date of your Post-OPT as long as you have filed your STEM OPT application with USCIS timely and it’s pending

“How do I maintain status for STEM OPT?”

- Do not go to school or pursue a new degree while on OPT (both post-completion and STEM)
 - New degrees require a new I-20 and full-time enrollment
- Do not accrue more than 150 days of unemployment during Post-OPT & STEM OPT combined
- You must report any changes in name, local address, or employment **within 10 days** of the change
 - [Report Changes here](#)
- **Keep records of all employment**
 - Employer, dates of employment, title, hours worked, relation to your degree, etc.
 - You will need this information when applying for future benefits through USCIS

Frequently Asked Questions

“What is my status while on STEM OPT?”

- F-1 status

“Do I still need to get my I-20 signed for travel after my program completion?”

- Yes, if you plan to travel outside the U.S. and the I-20 has not been signed within the last 6 months
- You may [request a reprint](#) from ISSS at least 3 weeks prior to your departure

“Can I travel while on STEM OPT?”

- **Applied for STEM OPT, but no EAD:** No. You should not travel while the application is pending.
- **After approval with STEM OPT EAD:** Yes. Travel with valid I-20 endorsed for travel within the last 6 months, passport, visa, EAD card, and letter from employer.

Frequently Asked Questions

“What if my visa is expired?”

- Visas do not impact your status while in the U.S.
- If traveling outside the U.S., you must renew your visa before returning
- Do not attempt to renew your visa without a job while on STEM OPT
- To renew your visa you will need:
 1. Valid I-20 endorsed for travel within the last 6 months
 2. Valid passport
 3. EAD
 4. Letter from employer

“What if I decide to return home permanently?”

- Notify ISSS by filling out an [Ending Studies Form](#)

Thank You and Good Luck!

- Review all the information in this presentation carefully before taking the quiz
- You can find the quiz and all application documents [here](#)
 - Remember, you must score a 100% on the quiz for it to be accepted!