

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

**TRAINING PLAN FOR STEM OPT STUDENTS**

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

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

SECTION 1: STUDENT INFORMATION (Completed by Student)			
Student Name <i>(Surname/Primary Name, Given Name)</i> :  <p style="text-align: center; font-size: 1.2em;">Jones, Michael</p>	Student Email Address: <p style="text-align: center;">mjones@my.bridgeport.edu</p> <p style="font-size: 0.8em; color: red;">Email doesn't need to be UB, should be whichever email is best for USCIS to contact you with</p>		
Name of School Recommending STEM OPT: University of Bridgeport	Name of School Where STEM Degree Was Earned: University of Bridgeport	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <p style="text-align: center; font-size: 1.2em;">BOS214F10145000</p>	
Designated School Official (DSO) Name and Contact Information: Jose Cabrera Morilla, Maria Gant, Aisha Arizy and Yumin Wang University of Bridgeport 126 Park Avenue G-133 Phone: 203-576-4395 Bridgeport, CT 06604 Email: internationaloffice@bridgeport.edu		Student SEVIS ID No.: <p style="text-align: center; font-size: 1.2em;">N0001234567</p> <p style="font-size: 0.8em; color: red;">Found on your I-20</p>	STEM OPT Requested Period: <i>(mm-dd-yyyy)</i> From: <u>07/01/2016</u> To: <u>06/30/2018</u> <p style="font-size: 0.8em; color: red;">One day after OPT expires One day before 24 months</p>
Qualifying Major and Classification of Instructional Programs (CIP) Code: <u>Mechanical Engineering, CIP 14.1901</u> <p style="font-size: 0.8em; color: red; text-align: right;">Use your major name from UB (not the major on your I-20 for some students), CIP code on I-20 under "Program of Study"</p>			
Level/Type of Qualifying Degree: <u>Masters</u> <span style="font-size: 0.8em; color: red;">(can be Bachelors/Masters/PhD)</span>			
Date Awarded: <i>(mm-dd-yyyy)</i> <u>05-06-2016</u> <span style="font-size: 0.8em; color: red;">Program End Date on OPT I-20</span>			
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Employment Authorization Number: <u>123-456-789</u> <span style="font-size: 0.8em; color: red;">USCIS number found on OPT EAD card</span>			

SECTION 2: STUDENT CERTIFICATION
I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.
I certify that: <ol style="list-style-type: none"> <li>1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");</li> <li>2. I will notify the DSO at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan;</li> <li>3. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the STEM OPT of students whom DHS determines are not engaging in OPT in compliance with the law, including the STEM OPT of students who are not, or whose employers are not, complying with this Plan;</li> <li>4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</li> <li>5. I will notify the DSO at the earliest available opportunity regarding any material changes to or deviations from this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any nontrivial reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that I engage in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule.</li> </ol>
Signature of Student: <span style="font-size: 0.8em; color: red; text-decoration: underline;">SIGN HERE IN BLUE INK</span> <span style="font-size: 0.8em; color: red;">(Font signatures/copy pasted are not accepted)</span>
Printed Name of Student: <span style="font-size: 0.8em; color: red; text-decoration: underline;">PRINT YOUR FULL NAME HERE</span> Date: <i>(mm-dd-yyyy)</i> <span style="font-size: 0.8em; color: red; text-decoration: underline;">DATE SIGNED</span>

**SECTION 3: EMPLOYER INFORMATION (Completed by Employer)**

Employer Name: ABC Corporation, LLC.		Street Address: 123 Park Avenue		Suite:
Employer Website URL: www.abccorp.com	If Employer doesn't have a website, enter: N/A	City: Bridgeport	State: CT	ZIP Code: 06604
Employer ID Number (EIN): 12-3456789 9-digit tax ID number specific to company	Number of Full-Time Employees in U.S. 450	North American Industry Classification System (NAICS) Code: 541330 6-digit classification number		
OPT Hours Per Week (must be at least 20 hours/week): 40 hours a week	Compensation A. Salary Amount and Frequency: \$70,000 per year and paid semi-monthly B. Other Compensation (Type and Estimated Amount or Value): 1. _____ 2. _____ 3. _____ 4. _____			
Start Date of Employment:  (mm-dd-yyyy) Should be your 24 month STEM OPT start date NOT your start date with this employer during 12-month OPT	Must indicate BOTH salary and how often you're paid			

**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: \_\_\_\_\_  
Signature of your supervisor or other employer official in BLUE INK

(Font signatures/copy pasted are not accepted)

Printed Name and Title of Employer Official with Signatory Authority: \_\_\_\_\_  
Official's full name AND official title

Date: (mm-dd-yyyy) \_\_\_\_\_ Date Signed \_\_\_\_\_ Printed Name of Employing Organization: \_\_\_\_\_ Employer Name

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

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

Employer Name:  
 ABC Corporation, LLC.

**EMPLOYER SITE INFORMATION**

Site Name: ABC Corporation, LLC. <small>Can be employer company name, but if you are working at a branch company or client site, put in work site company name.</small>	Site Address (Street, City, State, ZIP): 123 Park Avenue, Bridgeport, CT, 06604 <small>The physical address where you work. If remote position, list your address you will be working remotely from and put (remote position). Address must be complete including ZIP.</small>
Name of Official: Christine Adams	Official's Title: Project Manager

Official's Email: adams@abccorp.com	Official's Phone Number: 203-555-5555
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**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.

Information entered here should clearly indicate:

- your job title
- your job responsibilities (during the 24-month STEM OPT, not what you did or are doing during 12-month OPT)
- your STEM degree name at UB: such as MS Computer Science
- confirm this training is directly related to your degree (mention the name of degree) obtained from UB
- AND how these roles and responsibilities are directly related to enhancing the knowledge you gained in your STEM degree.

**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.

1. Explain your personal learning goal for the STEM OPT training
2. Mention the timeline/timeframe - the time period(s) when the goals will be completed.
3. Describe how you will achieve the goals

**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.

Information here should provide details of how you interact with your supervisor and other team members or coworkers to check-in on your progress. How does your employer make sure you are performing tasks appropriately? If you work at a client site or remotely, please visit USCIS website for STEM OPT Employer Requirements and Responsibilities at <https://www.uscis.gov/working-united-states/students-and-exchange-visitors/students-and-employment/stem-opt>. Your employer needs to confirm all of the training obligations will be met, including that the employer has and maintains a bona fide employer-employee relationship with the student. If remote, need to confirm to continue the training's mentoring relationship.

**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.

Information here should explain how your employer measures employee progress and performance. How does your employer make sure you and other employees are meeting your goals, performing well, and learning new skills? What is the frequency of the assessment?

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

Supervisor Name

Job title

Email and Phone Number (This information is not optional, it is needed to issue the STEM OPT Ext. I-20)

#### 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, understood, 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: Signature of your supervisor or other employer official in BLUE INK

(Font signatures/copy pasted are not accepted)

Printed Name and Title of Employer Official with Signatory Authority: Officials full name AND official 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-notice-sorns>).

**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 12<sup>th</sup> 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: (mm-dd-yyyy): From \_\_\_\_\_ To \_\_\_\_\_

**BLANK for new 24-month STEM OPT application**

**You will need to submit the first assessment within twelve months of your 24-month STEM OPT.**

Signature of Student: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

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

Printed Name of Employer Official with Signatory Authority: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_

**FINAL EVALUATION ON STUDENT PROGRESS**

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: (mm-dd-yyyy) From \_\_\_\_\_ To \_\_\_\_\_

**BLANK for new 24-month STEM OPT application**

**This final evaluation is needed at the end of your 24-month STEM OPT or each time you end/change your 24-month STEM employment. The final evaluation is to recap all the training and knowledge acquired during the complete training period with the specific employer.**

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) \_\_\_\_\_