

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

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 4/30/2029

TRAINING PLAN FOR STEM OPT STUDENTS

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

SECTION 1: STUDENT INFORMATION (Completed by Student)

Student Name (Surname/Primary Name, Given Name): Enter your name as it appears on your I-20. ex. Smith, Jane		Student Email Address: Enter your email address		
Name of School Recommending STEM OPT: University of Maryland, College Park	Name of School Where STEM Degree Was Earned: University of Maryland, College Park	SEVIS School Code of School Recommending STEM OPT (including 3- digit suffix): BAL214F00061000		
Designated School Official (DSO) Name: Enter the name & email of DSO who signed your most recent I-20	Designated School Official (DSO) Email: 301-314-7740	Designated School Official (DSO) Phone Number: N#####	Student SEVIS ID No.: N#####	STEM OPT Requested Period (mm-dd-yyyy): From: _____ To: _____ Enter 24-Month STEM Requested Dates
Qualifying Major and Classification of Instructional Programs (CIP) Code: Enter major and code as listed on your I-20. Ex: Engineering-14.0101				
Level/Type of Qualifying Degree: Enter degree level. Ex: Bachelor's, Master's, PhD				
Date Awarded (mm-dd-yyyy): _____				
Based on Prior Degree? ☐ If you are applying for the STEM OPT extension based on your previously earned STEM-eligible degree, check this box.				
Employment Authorization Number: Enter the 9-digit "USCIS Number" (also known as the A number on your EAD card)				

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: **handwritten or e-signature (in blue or black)**

Printed Name of Student: **Print your name** Date (mm-dd-yyyy): **Date**

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)				
Employer Name: Name of Employer		Street Address: Employer Street Address		Suite: Suite, Bldg, Floor
Employer Website URL: Employer's website		City: Employer City	State: state	ZIP Code: #####
Employer ID Number (EIN): Employer EIN #-XX-XXXXXXX	Number of Full-Time Employees in U.S.: # of full-time employees in U.S	North American Industry Classification System (NAICS) Code: NAICS Code: census.gov/naics		
OPT Hours Per Week (must be at least 20 hours/week): Hours Worked per Week	Compensation: Enter your yearly income in USD. If you are paid hourly, you must calculate this figure. A. Annual Salary (in U.S. dollars): _____ B. Other Compensation (Type and Estimated Amount or Value): Complete IF applicable. Ex. housing, tuition waivers, transportation costs, etc. 1. You must also include estimated amount or value. _____ 2. _____ 3. _____ 4. _____			
Start Date of Employment (mm-dd-yyyy): MM-DD-YYYY				
Requesting a STEM OPT I-20 Start date of employment should be the day after your current EAD ends, not the actual start date of employment with the employer, even if you are continuing your employment with the employer				
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 (<i>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</i>); and 4. I will adhere to all applicable regulatory provisions that govern this program (<i>see 8 CFR Part 214</i>), 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:		handwritten or e-signature of Supervisor or Department Head _____		
Printed Name and Title of Employer Official with Signatory Authority:		Printed Name/Title of Supervisor or Department Head _____		
Date (mm-dd-yyyy): MM-DD-YYYY		Printed Name of Employing Organization: Printed Name of Company _____		

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name): Student's Name Smith, Jane	
Employer Name: Employer's name	
EMPLOYER SITE INFORMATION	
Site Name: Enter the site name where you will be working ex. employer name, client name, etc If remote, please enter "employer name-Remote"	Site Address (Street, City, State, ZIP): Enter the exact physical address of the worksite where you will be working
Name of Official: Supervisor's name	Official's Title: Supervisor's Title
Official's Email: Supervisor's Email	Official's Phone Number: Supervisor's phone number
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.	
<u>Student Role:</u> 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.	
<u>Goals and Objectives:</u> 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 their training; and the training curriculum including the timeline.	
<u>Employer Oversight:</u> 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. Provide answer to question as stated above	
<u>Measures and Assessments:</u> 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. Provide answer to question as stated above	

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

Provide any additional pertinent information, such as your remote or hybrid work arrangement.

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:

Handwritten or e-signature of supervisor or official responsible for training

Printed Name and Title of Employer Official with Signatory Authority:

Print Name/Title of supervisor or official responsible for training

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-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 12th Street SW, Washington, D.C. 20536

*See evaluation forms that follow for student's first evaluation, to occur before the one year anniversary of the start date of the student's STEM OPT employment authorization, and final program evaluation.

**EVALUATION ON STUDENT PROGRESS**

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

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

← This date should reflect the 12-month evaluation while you are on the 24-month STEM OPT Extension

Student evaluations are the 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 their own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.

Signature of Student: _____ Student's Handwritten or e-Signature

Printed Name of Student: _____ Student's Name Smith, Jane Date (mm-dd-yyyy): _____ MM-DD-YYYY

Signature of Employer Official with Signatory Authority: _____ Supervisor's Handwritten or e-Signature

Printed Name of Employer Official with Signatory Authority: _____ Supervisor's Printed Name Date (mm-dd-yyyy): _____ MM-DD-YYYY

FINAL EVALUATION ON STUDENT PROGRESS

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

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

← This date should reflect the end date of your employment or your STEM OPT.

Student evaluations are the 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 their own training progress. The employer must review and sign the self-evaluation to attest to its accuracy.

Signature of Student: _____ Student's Handwritten or e-Signature

Printed Name of Student: _____ Student's Name Smith, Jane Date (mm-dd-yyyy): _____ MM-DD-YYYY

Signature of Employer Official with Signatory Authority: _____ Supervisor's Handwritten or e-Signature

Printed Name of Employer Official with Signatory Authority: _____ Supervisor's Printed Name Date (mm-dd-yyyy): _____ MM-DD-YYYY