

Instructions to fill out Form I-983

On page 1:

STEM OPT Requested Period:

two years

Qualifying Major and Classification of Instructional Programs (CIP) Code

Based on a Prior Degree

Employment Authorization Number

On page 2:

Do not confuse Employer Identification Number (EIN) with your company's E-Verify number

The Start Date

Page 3:

The Site Name and Address

the address of the branch where you physically work:

The Site Name and Address

Name

TRAINING PLAN FOR STEM OPT STUDENTS

USCIS #

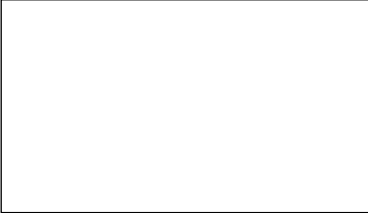
Employment Authorization Number

Signature of Student

Printed Name of Student

Date (mm/dd/yyyy)

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Please Note!
 cannot be a
 typed font. SEVP accepts
 the following signature
 formats: Physical/Wet
 Signature, Electronic
 signatures using software
 programs

The Employment
 is
 the USCIS # found
 on your EAD card
 (not the receipt #).
 Example: 123-456-
 789

Employer name

Please note!

Start Date of Employment from 01/01/2011 to 31/12/2011

Summer Compensation (Total 2009-2010) \$0.00 or less

1
2
3
4

SECTION 4 - EMPLOYEE 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, and I understand that the law prohibits severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false documents in the submission of this form.

I and that: I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

1. I have read and understand this Plan and I have worked for the institution of higher education for at least one year and have been employed by the institution for at least one year.

2. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years.

3. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years.

4. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years.

5. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years.

6. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years.

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9. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years.

10. The institution of higher education has a plan to increase the number of STEM OPT students from the amount of previous years.

Signature of Employer Official with Signatory Authority: _____

Title of Employer Official with Signatory Authority: _____

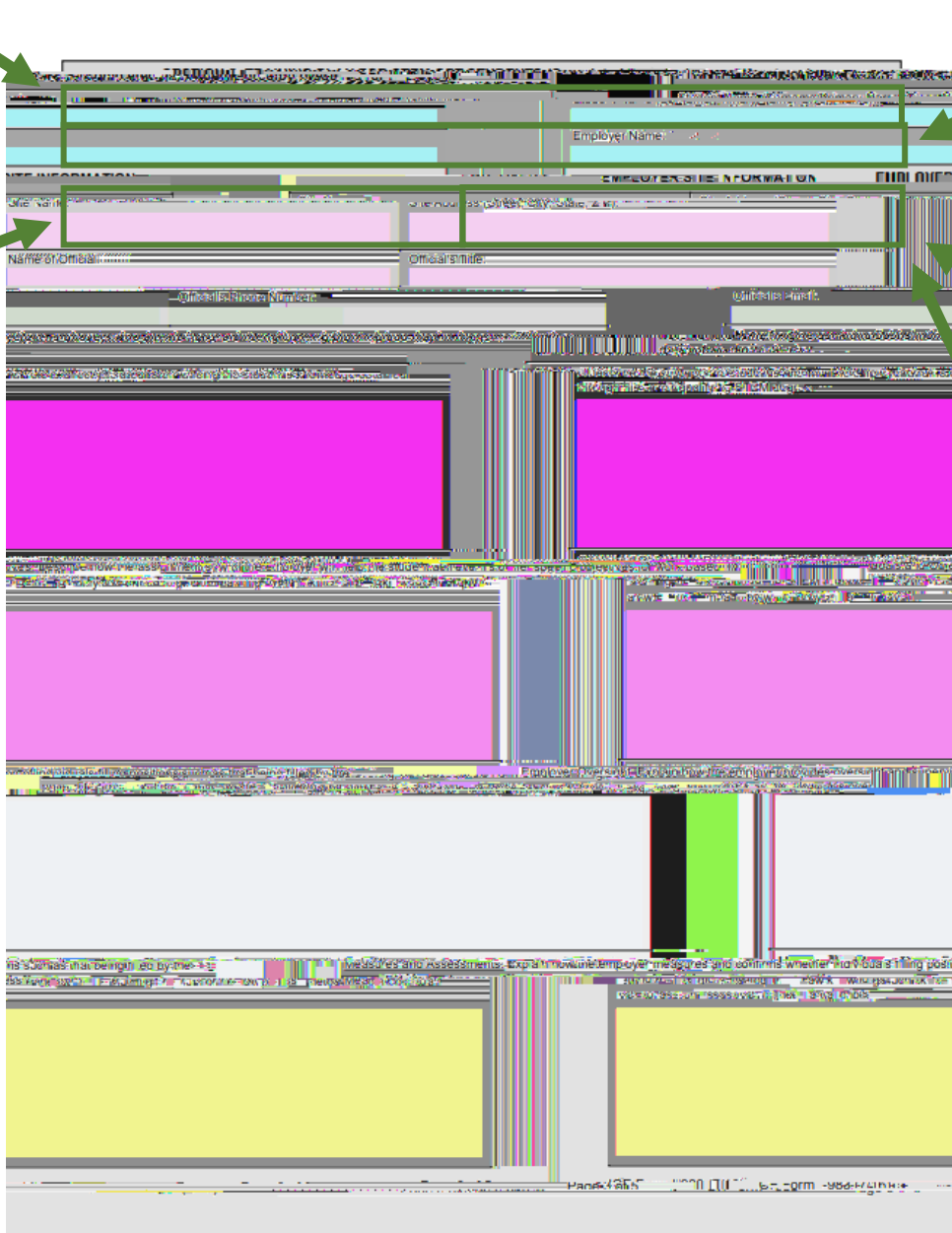
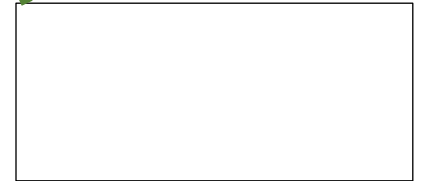
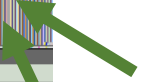
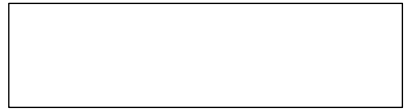
Name



Employer Name

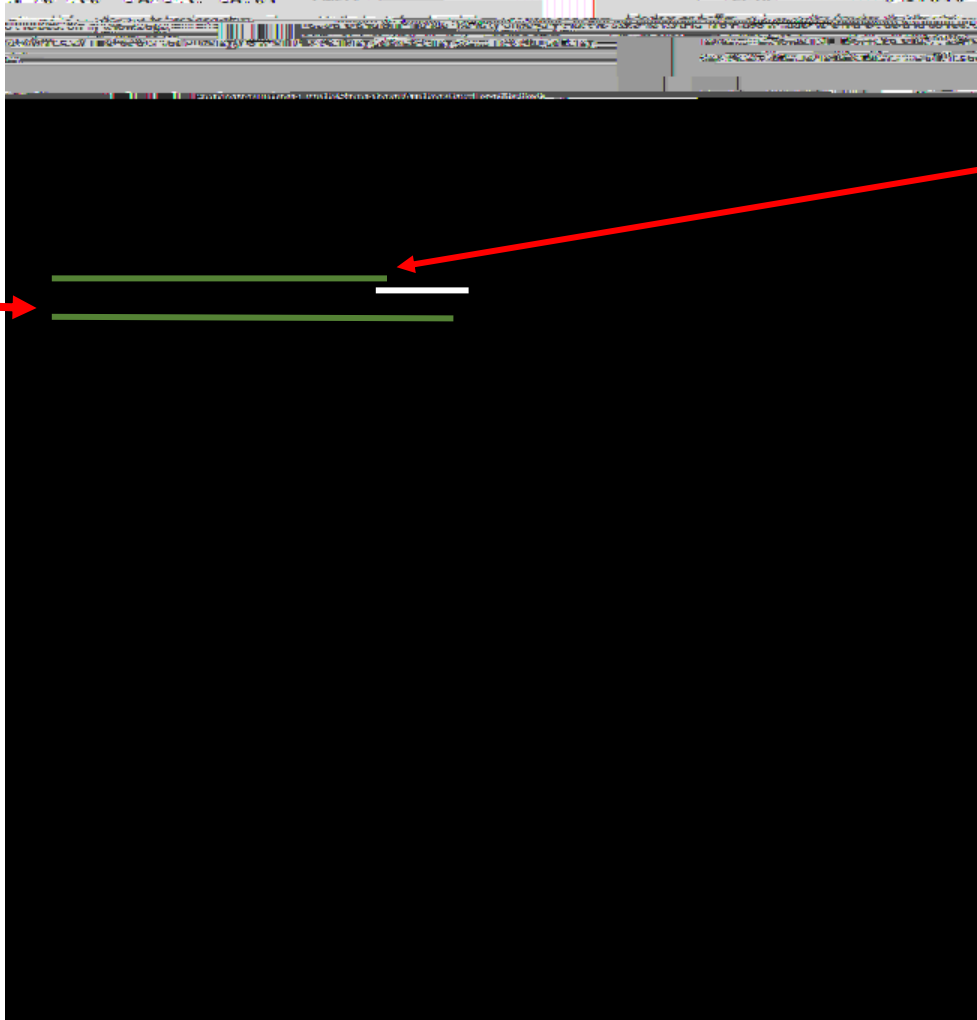


page 2



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

SECTION 6: EMPLOYER OFFICIAL CERTIFICATION



Please Note!

cannot be a typed font. SEVP accepts the following signature formats: Physical/Wet Signature, Electronic signatures using software programs or applications, Electronically reproduced copies of an original signature.



EVALUATION ON STUDENT PROGRESS

Signature of Student: _____

Signature of Employer: _____

FINAL EVALUATION ON STUDENT PROGRESS

Signature of Student: _____

Signature of Employer: _____

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