Guide for Completing Form I-983 Training Plan of STEM OPT Students

(Northeastern University Administrators)

The guidance provided by the Office of the General Counsel in this step-by-step guide is intended for informational purposes only, and should not be construed as legal advice.

Introduction

The formal training plan, Form I-983, must clearly articulate the STEM OPT student’s learning objectives and affirm the employer’s commitment to helping the student achieve those objectives. To fulfill this requirement, a student and their employer must complete and sign Form I-983 and submit it to the student’s international student advisor.

STEM OPT students and their employers are subject to the terms and conditions of the 24-month STEM OPT extension regulations, effective as of the employment start date requested for the associated STEM OPT period, as indicated on the Form I-983. The information below is to assist students and their employers to properly complete the Form I-983.

Form I-983 and additional information can be found at:
https://studyintheeastates.dhs.gov/employers-and-the-form-i-983

Section 1: Student Information (Completed by Student)

Student Name: Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your passport.

Student Email Address: Enter current email address.

Name of School Recommending STEM OPT: Enter school name (see “School Information” section on your Form I-20).

Name of School Where STEM Degree Was Earned: Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.

SEVIS School Code of School Recommending STEM OPT: Northeastern University’s F-1 School Code is BOS214F00257000. If your I-20 is not issued by Northeastern, you can find your school code on page 1 of your current Form I-20.

DSO Name and Contact Information: Enter the name and contact information of your designated student advisor. If your I-20 is not issued by Northeastern, you will have to enter
the contact information of the Designated School Official who is issuing your new STEM OPT I-20. Please contact the institution’s international office for this information.

**Student SEVIS ID Number:** Enter your SEVIS identification (ID) number (see “SEVIS ID” at top of Form I-20, beginning with N).

**STEM OPT Requested Period:** The duration of your STEM OPT extension is based exclusively on your current OPT end date, regardless of whether the authorized dates match actual training dates.

- **Initial STEM OPT Extension Application:** For a student currently on 12-month OPT requesting a STEM OPT extension, the start date should be the day after your current 12-month OPT ends and the end date is fixed at 24 months after the start date:
  
  - Start date = date immediately after your current 12-month OPT ends
  - End date = date 24 months from the start date determined above

- **Subsequent STEM Training Plans Within the 24-month Period of STEM OPT:** For a student who has already been granted employment authorization for a 24-month period based on their STEM degree, a new Training Plan must be submitted if there are any changes to the original plan and/or if they change jobs or employers. For these applications, the start date should reflect the anticipated start date in the new position and the end date should correspond with the end date on their currently valid STEM OPT employment authorization document (EAD):

  - Start date = date when changes in employment will go into effect
  - End date = expiration date of the currently valid STEM OPT EAD document

**Qualifying Major and Classification of Instructional Programs (CIP) Code:** Enter the six-digit code per Form I-20 for the particular school and degree program you are basing your STEM OPT request. If you have a Form I-20 issued in 2015 or later, the CIP code can be found in the “Program of Study” section on page 1. If you are basing your STEM on a prior degree and have a Form I-20 issued prior to 2015, you can find your CIP Code at the top of page 3, preceding the specific major.

**Level/Type of Qualifying Degree:** Enter the academic level upon which you are basing STEM OPT. (For example, Bachelor’s, Master’s, or Ph.D.)

**Date Awarded:** Enter the program end date listed on the Form I-20 for the particular school and degree program upon which you are basing your STEM OPT request.

**Based on Prior Degree?** Check “No” if your STEM OPT is based on your most recently obtained degree, and that is the degree upon which your current OPT is based. Check “Yes” if your STEM OPT is based on a previously-obtained U.S. STEM degree, and is not the same degree upon which your current OPT was granted.
Employment Authorization Number: Enter your “A” number found on your Employment Authorization document (EAD card).

Section 2: Student Certification

Student Certification: Review each item carefully and affirm the statements by signing and dating the Form.

Section 3: Employer Information (Completed by Employer)

Employer Name: Enter Northeastern University information. For example: “Northeastern University – College of Engineering.”

Street Address, Suite, City, State, Zip Code: Enter the employer’s complete mailing address as: 360 Huntington Avenue, Boston, MA 02115

Employer Website URL: Enter specific department or lab website link if available or www.northeastern.edu

Employer ID Number (EIN): Enter Northeastern University’s FEIN: 04-1679980

Number of Full-Time Employees in the United States: Enter Northeastern University’s total number of employees as 3,921.


OPT Training Hours per Week: Enter the agreed-upon number of average working hours per week. In order to qualify for STEM OPT, the student must work a minimum of 20 hours per week for each job.

Start Date of Employment: Enter the date when the student will begin STEM OPT with the employer.

Compensation: Enter the dollar amount of salary, stipend, and/or other compensation, and the frequency of pay (per hour, per week, bi-weekly, monthly). Other compensation may include housing, tuition waivers, transportation costs, etc.

NOTE: The terms and conditions of a STEM practical training opportunity (including duties, hours, and compensation) must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work at least 20 hours per week while employed.
Section 4: Employer Certification
The Northeastern employee’s Principal Investigator (P.I.) or supervisor must be listed as the employer contact, as well as the signatory on the Form I-983. College/Division Key Contacts or other staff members may not sign or attest to the STEM OPT requirements on a student’s behalf.

**Employer Certification:** The Employer Official with signatory authority must be the P.I. or supervisor who is familiar with the student’s goals and responsible for supervising the student during the employment period. The P.I. or faculty supervisor must review each item carefully and affirm the statements by signing the Form.

Section 5: Training Plan for STEM OPT Students (Completed by Employer)
In order to better ensure the academic benefit and integrity of the extension, Federal regulations require each STEM OPT student to prepare and execute with his or her prospective employer a formal training plan that identifies learning objectives and a plan for achieving those objectives. The STEM OPT student and his or her employer must work together to finalize the plan.

**Student Name:** Enter student’s full name (Surname/Primary Name, Given Name) exactly as it appears on their passport.

**Employer Name:** Enter the employer’s name, as it appears in “Section 3: Employer Information.”

**Site Name:** Enter Northeastern University information. For example: “Northeastern University – College of Engineering.”

**Site Address:** Enter the exact address of the work site where the STEM OPT will take place.

**Name of Official:** Enter the name of the Principal Investigator (P.I.) or Faculty Supervisor who signed the Employer Certification.

**Official’s Title:** Enter the Northeastern title of the Principal Investigator (P.I.) or Faculty Supervisor.

**Official’s Email:** Enter the email address of the Principal Investigator (P.I.) or Faculty Supervisor.

**Official’s Phone Number:** Enter the phone number of the Principal Investigator (P.I.) or Faculty Supervisor.
**Student Role and the Training Program’s Direct Relationship to the Student’s Qualifying STEM Degree:** Describe what specific tasks and assignments the student will carry out during their employment, 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 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 to the student. If the employer has a training program or related policy in place that controls such oversight and supervision, a description of the program or policy may suffice to answer the question.

**Measures and Assessments:** Explain how the employer measures and confirms whether the student is 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:** Provide any additional pertinent information.

**Section 6: Employer Official Certification**

**Certification of Official with Signatory Authority:** Signature by Associate Dean or other individual designated by the Dean. For information about who is able to sign this form, please contact the Office of the General Counsel. This individual must review each item carefully and affirm the statements by signing the Form.

**Evaluation on Student Progress (Completed by Student and Employer)**

During the course of the STEM OPT employment, the student is required to submit self-reported evaluations and assessments. 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.

These evaluations are required at the following times:

- **First Self-Evaluation (page 6 of Form I-983):** Must be completed and submitted the DSO after 12 months of the initial STEM OPT period, with dates ranging from the start of the training program and ending after the first 12 months.

- **Final Self-Evaluation (page 7 of Form I-983):** Must be completed and submitted to the DSO at the conclusion of the training program, with dates ranging from the date of the first
evaluation to the last day of employment under the training plan. Please note that the final evaluation must be submitted even if the student leaves the position early for any reason.

**Student Signature:** Student must sign, print name, and enter date of signature.

**Employer Signature:** Signature by Associate Dean or other individual designated by the Dean. For information about who is able to sign this form, please contact the Office of the General Counsel.

**Upon Completion of the Evaluation:** Student will provide page 6 and page 7 of Form I-983 to their Designated School Official for record purposes. These can be submitted electronically.