

STEM OPT Extensions





PLEASE VIEW THE WORKSHOP IN FULL SCREEN MODE
BY CLICK ON DOUBLE ARROWS BUTTON AT THE
BOTTOM RIGHT CORNER OF THIS SCREEN.



CLICK THE FORWARD ARROW BUTTON TO ADVANCE
THE SLIDES.



ESTIMATED TIME TO COMPLETE WORKSHOP: 1 HOUR

STEM OPT APPLICATION PROCESS OVERVIEW

View the online workshop

Complete the Online STEM OPT Application

Pick up or express mail the new STEM OPT Form I-20 from CISP

Gather the supporting documents and mail them to the correct USCIS office.

In this presentation, we will help you navigate the path to STEM OPT and all forms associated with the process.

If you have questions after viewing the presentation, please contact your CISP Advisor email stemopt@csuohio.edu or visit the STEM OPT website at <https://www.csuohio.edu/international/stem-optional-practical-training-stem-opt-0>

THE PATH AHEAD

What is STEM OPT?

What you should have in front of you?

How STEM OPT Changed?

Stem OPT Eligibility

When to Apply?

How to Apply?

Changing Employers

Mailing STEM OPT to USCIS

EAD Errors

STEM OPT Reporting

Form I-765 Instructions

Form I-983 Instructions



WHAT YOU SHOULD HAVE IN FRONT OF YOU:

- To complete the STEM OPT application process you will need the following documents:
 - Current EAD Card
 - Current Form I-20
 - Blank Form I-765
 - Blank Form I-983
 - E-Verify Number from your employer
 - Passport, Visa stamp, and I-94

24 MONTH
STEM OPT
DOCUMENT
S

CSU Application for STEM OPT

NEW I-765 Form

Complete the Form I-983 'Training Plan for STEM OPT Students'

Employer must be registered in E-Verify

\$410 Filing Fee

Offer of Employment

Copy of your diploma

WHAT IS STEM OPT?

Who is STEM Eligible?

- Student in the following fields are eligible for a 24 month STEM extension: Science, Technology, Engineering, and Mathematics

How do I know if I am eligible?

- Review the Classification Instructional Program Codes (CIP): <https://www.ice.gov/sites/default/files/documents/Document/2014/stem-list.pdf>

Where do I look for the CIP Code?

- See the Form I-20 under Major 1

HOW TO FIND YOUR CIP CODE ON FORM I-20

The CIP code is listed next to the major and use both the numbers and the name on the Form I-983

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038	
SEVIS ID: N0004705859			
SURNAME/PRIMARY NAME Sample STEM		GIVEN NAME Student	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME		PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM		COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 08 FEBRUARY 1987		ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE		LEGACY NAME Jay SamOne	
SCHOOL INFORMATION			
SCHOOL NAME SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies		SCHOOL ADDRESS 9002 Nancy Lane, Fc. Washington, MD 20744	
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson EDSO		SCHOOL CODE AND APPROVAL DATE BAL214F4444000 02 APRIL 2015	
PROGRAM OF STUDY			
EDUCATION LEVEL BACHELOR'S	MAJOR 1 Mechanical Engineering 14.1901	MAJOR 2 Forest Engineering 14.2401	
NORMAL PROGRAM LENGTH 36 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 01 SEPTEMBER 2011	PROGRAM END DATE 30 MAY 2015		
FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 4 MONTHS		STUDENT'S FUNDING FOR: 4 MONTHS	
Tuition and Fees	\$ 1	Personal Funds	\$ 8
Living Expenses	\$ 2	Funding.School.Remarks	\$ 6
Expenses of Dependents (0)	\$ 3	Funding.Other.Remarks	\$ 7
Expense.Other.Remarks	\$ 4	On-Campus Employment	\$ 8
TOTAL	\$ 10	TOTAL	\$ 26
REMARKS finished program - applying for OPT			
SCHOOL ATTESTATION			
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by § CFR 214.3(f)(6). I am a designated school official of the above named school and am authorized to issue this form.			
<input checked="" type="checkbox"/>	SIGNATURE OF: Helene Robertson, EDSO	DATE ISSUED 15 October 2015	PLACE ISSUED Fc. Washington, MD
STUDENT ATTESTATION			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to § CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
<input checked="" type="checkbox"/>	SIGNATURE OF: Student Sample STEM	DATE	
	<input checked="" type="checkbox"/>		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

HOW STEM OPT CHANGED?



Students are now eligible for 24 months of STEM OPT



The Department of Homeland Security may visit your employment site



A training plan is now required for the STEM Application (I-983 Form):

12 month evaluation of I-983

24 month evaluation of I-983

STEM OPT Eligibility

- **Be in F1 status**
- **Be currently working in a period of post-completion OPT**
- **Have a bachelor's degree or higher degree in a [STEM based field](#)**
 - You *may* be eligible to use a prior STEM degree earned in the U.S. for this requirement; to use a prior STEM degree, you must:
 - Have received your most recent degree (which does not need to be STEM-related) from a currently accredited Student and Exchange Visitor Program (SEVP)-certified school in the U.S.
 - Have received your prior, qualifying STEM degree in the U.S. within 10 years of applying for the STEM OPT extension.
 - The qualifying STEM degree must be on the Department of Homeland Security's [STEM Designated Degree Program List](#) at the time you submit your STEM OPT extension application (rather than at the time you received the degree).
- **Have a paid job offer that meets the following requirements:**
 - The job is with an employer enrolled in the USCIS [E-Verify](#) program. Double-check with your employer to see if they are enrolled in E-Verify; sometimes the USCIS E-Verify database is not correct.
 - Cleveland State University does not participate in the E-Verify program. STEM OPT extension cannot be approved for Cleveland State University positions.
 - The job offers at least 20 hours of work per week
 - The job will provide formal training and learning objectives directly related to your qualifying STEM degree
- **Be able to complete the [I-983 Training Plan](#) with your employer**

When to apply?

- Students with a STEM degree and currently in the 12-month OPT period:
 - USCIS must receive your STEM OPT extension application before your current 12-month OPT EAD card expiration date.
 - Apply as early as 90 days before your current 12-month OPT EAD card expiration date.
 - Take into consideration:
 - CISP needs 7-10 business days for processing your new I-20.
 - Allow sufficient time to mail your application to USCIS.



How to apply: STEP 1: Confirm your 12-month OPT information is correct

Is your 12-month OPT information up-to-date? Check the [SEVP Portal](#).

If your current address and employment information is correct, proceed to Step 2 below.



If your current address and employment information is **not** correct, submit a [OPT Work Address](#). (**Do not request** a new I-20 in the 12-month OPT report webform; just submit the information changes. You will request a new I-20 in the separate 24-month STEM OPT I-20 request webform below).



CISP must ensure the 12-month OPT information in your SEVIS record is accurate and updated before processing your STEM OPT I-20 request.

How to apply: Step 2: Complete all required application requirements



Gather and complete the following documents

[I-983 Training Plan](#)



Completed [I-765 Form](#) (download I-765 form completion guide with proofreading tips)



Submit the online STEM OPT Extension I-20 Request to CISP through the online application that was emailed to you after completing the online presentation



Allow 7-10 business days for processing. An CISP adviser will review your application and issue a new, updated I-20 with a STEM OPT Extension recommendation printed on the back page.



How to apply: Step 3: Pick up New I-20 and prepare your application.

- **When you receive an email from ISS, pick up your new STEM OPT Extension endorsed I-20 or set up express mailing of the STEM OPT Extension:**
 - Sign the new I-20 at the bottom of page 1.
 - Photocopy after signing; you will send the photocopy, not the original I-20
- 

How to apply: Step 3: Pick up New I20 and prepare your application.

- **Gather the following documents**
 - Copy of Form I-20 with your signature and STEM Extension endorsement by your DSO (CISP adviser) (must arrive at USCIS within 60 days of issuance)
 - Form I-765 (Be sure to include your employer's name as listed in E-Verify and E-Verify Company Identification Number or valid E-Verify Client Company Identification Number)
 - Job offer letters and pay stubs (Your Form I20 is not proof of employment)
 - Copy of your transcript
 - A copy of Form I-94 (which can be obtained at <https://i94.cbp.dhs.gov>)
 - A copy of your current EAD card (front and back)
 - 2 passport-style photos. Lightly write your name and I-94 number on the back of each photo. (Review number 2. C on page 8 of the "Required Documentation" section of [USCIS photo instructions](#))
 - \$410 I-756 Filing fee paid by money order, personal check, or cashier's check. When you pay by check, you must make your check payable to the U.S. Department of Homeland Security. (see website for more information [Form I-765 filing fee](#))
 - Completed [G-1145 Form](#) (optional; it signs you up for email/text message notification of your application's arrival at USCIS)
 - **Note:** the I-983 Training Plan does not need to be submitted to USCIS (unless USCIS requests a copy during STEM OPT extension processing). You should keep a copy of the plan for your own records, and CISP also keeps a copy.

CHANGING EMPLOYERS WHILE 24- MONTH APPLICATION IS PENDING WITH USCIS:

- The CISP International Team highly discourages changing employers while a STEM OPT application is pending with USCIS as this change can disrupt the application process that can cause delays with the decision. However, if the change of employers is inevitable CISP advises students to follow these steps:
- Update new employment information using the [STEM OPT Work Address Form](#).
- Upload the following documents to the CISP International Team:
 - Completed [STEM OPT Work Address Form](#)
 - Employer information on the application should be that of the new employer
 - New completed [Form I-983](#) and upload to the STEM OPT Work Address
 - Completed [STEM OPT Loss of Employment Form](#)
- Incomplete applications will be rejected
- Set-up [Express Mail](#) and pay for express shipping.
- Upon receipt of the new I-20, mail the following documents to USCIS immediately.
 - Refer to USCIS office address on the I-797 Receipt Notice.
 - Indicate the I-797 receipt number (starting with WAC, YSC, etc.) in all correspondence by writing this number on the top of each document:
 - Updated Form I-765 application (particularly section 17 of the application)
 - Select box “renewal of my permission to accept employment”
 - Copy of new I-20 (pages 1-2)
 - Cover letter stating that the correspondence is to provide updated employer information for a Form I-765 that has already been filed and is pending review with receipt number [insert receipt number].

CHANGING EMPLOYERS AFTER 24-MONTH APPLICATION IS APPROVED BY USCIS:



Update new employment information using the [STEM OPT Work Address Form](#).



Upload the following documents to the CISP International Team:

Completed [STEM OPT Work Address Form](#)

- Employer information on the application should be that of the new employer
- New completed [Form I-983](#) and upload to the STEM OPT Work Address
- Complete a final self-evaluation signed by the previous employer on Form I-983 **within 10 days** of leaving the position to the CISP International Team.



Incomplete applications will be rejected



Set-up [Express Mail](#) and pay for express shipping if you request an updated I20 for your records.

Mailing STEM OPT to USCIS

IF YOUR PHYSICAL LIVING ADDRESS IS IN:	MAIL YOUR APPLICATION TO:
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming, Guam, or the Northern Mariana Islands.	For U.S. Postal Service (USPS) Deliveries: USCIS PO Box 21281 Phoenix, AZ 85036 For Express Mail and Courier Deliveries: USCIS Attn: AOS 1820 E. Skyharbor Circle S Suite 100 Phoenix, AZ 85034
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Oklahoma, Tennessee, Texas, Vermont, Virginia, U.S. Virgin Islands, or West Virginia	For U.S. Postal Service (USPS) Deliveries: USCIS PO Box 660867 Dallas, TX 75266 For Express Mail and Courier Deliveries: USCIS Attn: AOS 2501 S. State Hwy. 121 Business Suite 400 Lewisville, TX 75067

EAD Card Errors

1

What happens if your EAD card has incorrect information on it?

2

Wait to receive a job offer so you can show your EAD to your employer. The correction process may require you to mail the incorrect EAD to USCIS. Ideally, you should wait to request the correction after your employer has copied your EAD for hiring purposes.

3

To correct the EAD, submit a request through the USCIS website to [correct a typographic error](#).

STEM OPT Reporting Requirements

- Please remember that you must:
- Report to CSU International Center every 6 months to confirm:
 - Copy of the EAD card
 - Continued employment
 - New employment
 - Work address
 - Email address and home address.
 - Online reporting form on our website: [click here](#)
- Report any termination of employment
 - Students may only have an aggregate of 150 days of unemployment while on the 24-month extension
 - Online reporting form on our website: [click here](#)
- Submit a 12-month evaluation of the I-983 Training Plan to CSU International Center
 - Online reporting form on our website: [click here](#)
- Submit a 24-month evaluation of the I-983 Training Plan to CSU International Center
 - Online reporting form on our website: [click here](#)
- We will NOT contact you to remind you of these responsibilities

STEM OPT Reporting Requirements

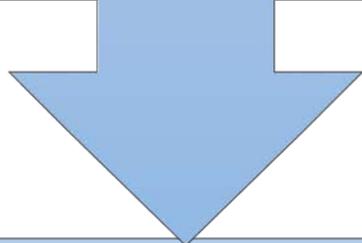
U.S. HOME ADDRESS OR
PHONE NUMBER CHANGES



Report all changes to your U.S. home address or phone number within 10 days of the change using the SEVP Portal. The Department of Homeland Security's (DHS) Student and Exchange Visitor Program (SEVP) will send a link inviting you to create an SEVP Portal Account. Once your STEM OPT has been approved, the email will be sent from do-not-reply.SEVP@ice.dhs.gov. Please always check your Spam, Junk, or Trash folders to see if this email gets redirected. Online reporting form on our website: [click here](#)

STEM OPT Reporting Requirement

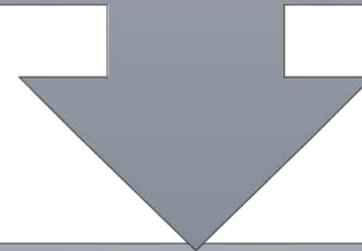
REPORT NEW EMPLOYMENT



You must submit a new Form I-983 (PDF) to the CISP International Team whenever you add a **new employer within 10 days of the position start date**. Please remember to type your responses before printing and signing the form. In the e-mail, please also include the employer's **E-Verify number, the end date of your last position and one sentence describing how this new position relates to your STEM degree**. Online reporting form on our website: [click here](#)

STEM OPT Reporting Requirement

UPDATE PREVIOUSLY REPORTED EMPLOYMENT INFORMATION



Report any changes to your current employment information on file **within 10 days** of the change by sending an e-mail to the CISP International Team. **Do not delete previous Post-Completion OPT employer information already in the portal.** Online reporting form on our website: [click here](#)

STEM OPT Reporting Requirements

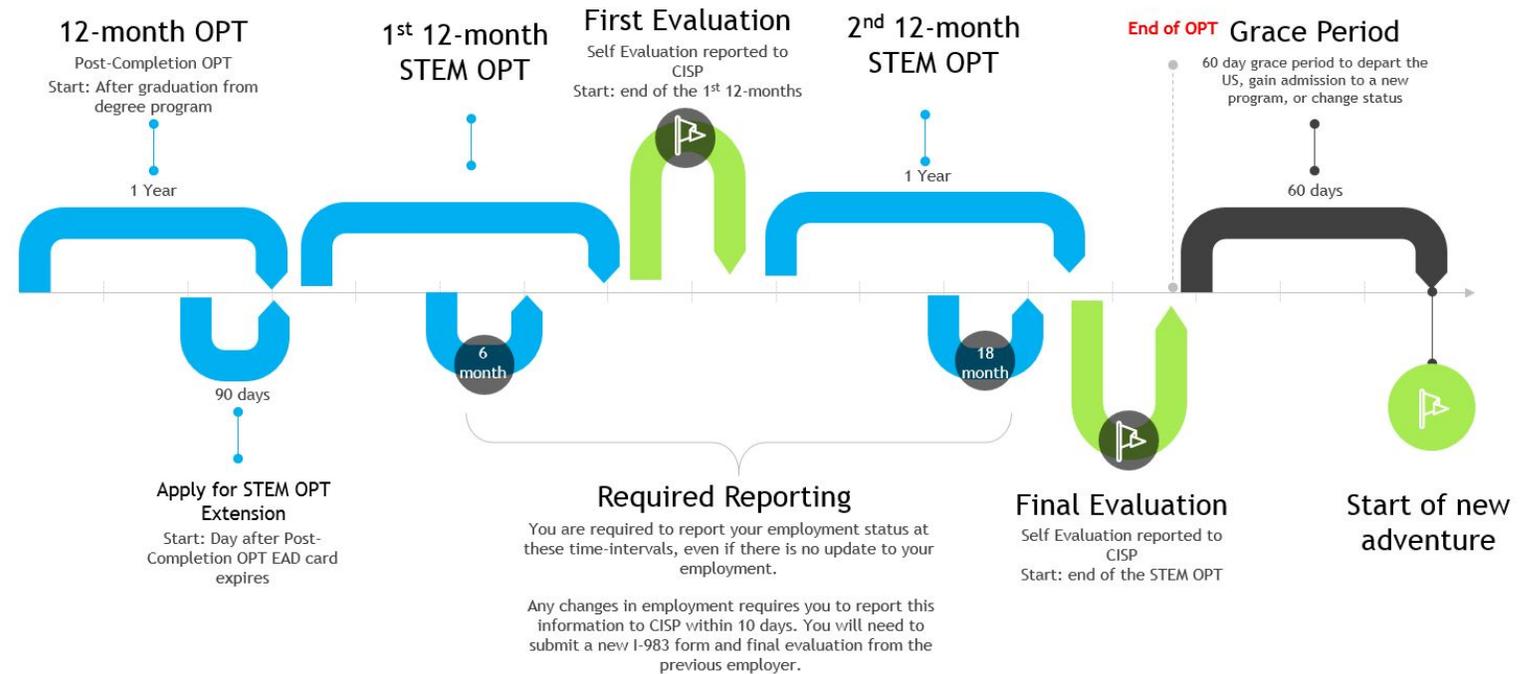
END OF EMPLOYMENT

Submit a concluding self-evaluation signed by the employer on Form I-983 **within 10 days** of leaving the position to the CISP International Team. Online reporting form on our website: [click here](#)

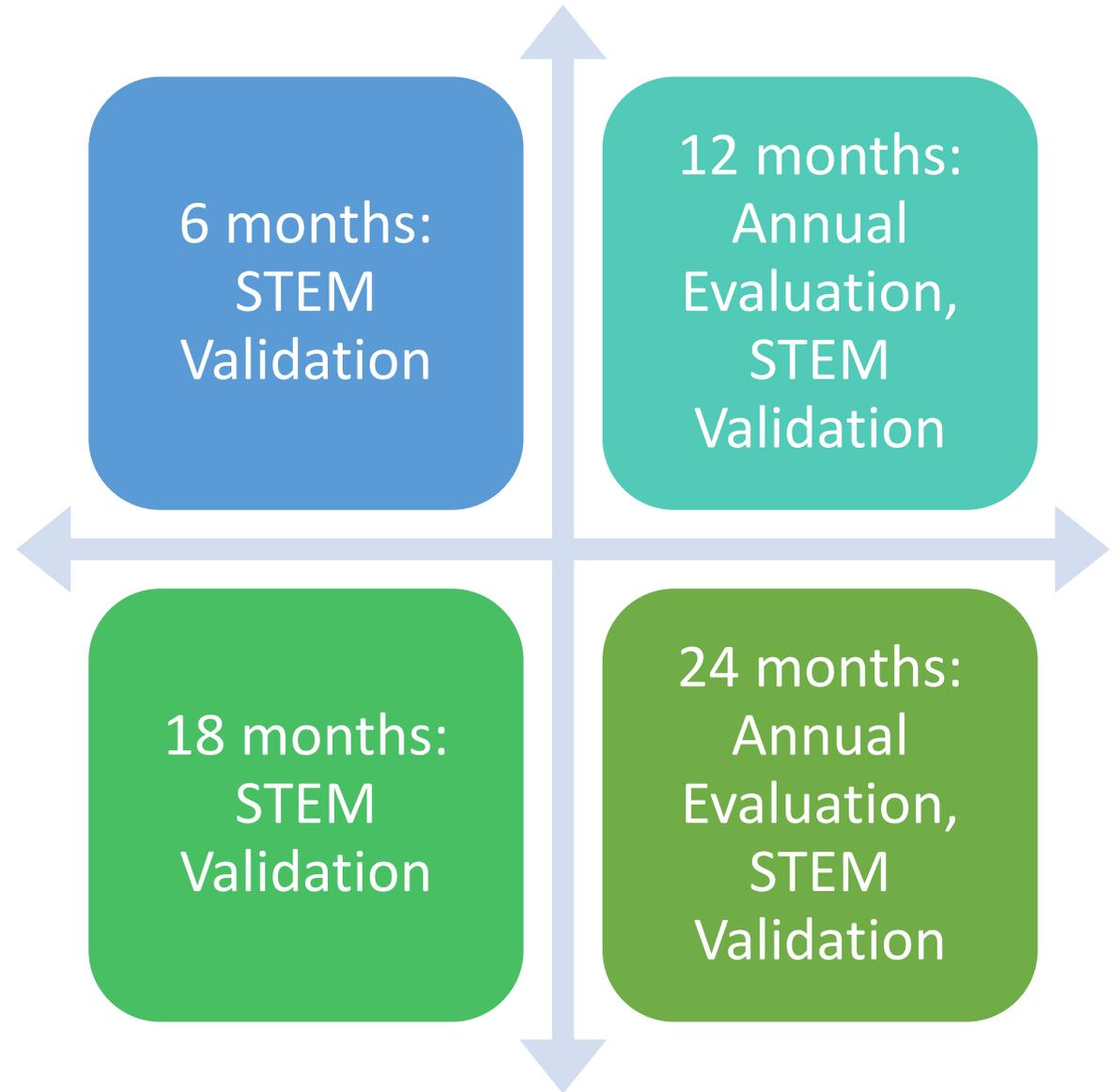
ACTION	WHEN	STUDENT	EMPLOYER	DSO
Recommend STEM OPT for eligible students	No more than 60 days before student applies to USCIS for authorization			☑
Apply for STEM OPT	Before regular OPT ends	☑		
Complete and certify the Form I-983, "Training Plan for STEM OPT Students"	Before recommendation of extension for student	☑	☑	
Determine completeness and proper execution by student and employer of student's Form I-983, including confirmation that the form: <ul style="list-style-type: none"> Explains how training is directly related to the qualifying STEM degree Identifies goals for student, including knowledge, skills, techniques, and explains how the goals will be achieved Describes the evaluation process for student Describes methods of oversight and supervision generally applicable to students 	Before recommendation of extension for student			☑
Certify student's degree, as shown in SEVIS or on official transcripts, is of a proper educational level and has a degree code included on the current STEM list	Before recommendation of extension for student			☑
Update student's SEVIS record with DSO recommendation	No more than 60 days before student applies to USCIS for employment authorization			☑
Keep and store the Form I-983 and self-evaluations in the student's record	Within 30 days of submission			☑
Validate information in student's SEVIS record, and report information to DSO within 10 days of the reporting date	Every 6 months	☑		
Complete and sign student's self-evaluation	Annually	☑	☑	
Report to student's DSO any material changes to or deviations from an existing Form I-983	As soon as possible	☑	☑	
Notify DSO and submit new Form I-983 upon change of employer or start of a new practical training opportunity	Within 10 days	☑		
Report a change of student's legal name, residential or mailing address, employer name or address, and/or loss of employment to DSO	Within 10 days	☑		
Update student's record to reflect a change of name or address, or an interruption of employment	Immediately after student reports a change			☑
Report the termination of student's practical training to DSO	Within 5 business days		☑	
Report student's departure (i.e., having the knowledge of student leaving the training opportunity or when student fails to report for the training for five consecutive business days)	Within 5 business days of knowing		☑	
Report noncompliance to the U.S. Department of Homeland Security	As soon as possible	☑	☑	☑

STEM OPT REPORTING TIMELINE

STEM OPT Roadmap



Mark Your
Calendar to
Submit
Special STEM
OPT Reports
Every 6
Months





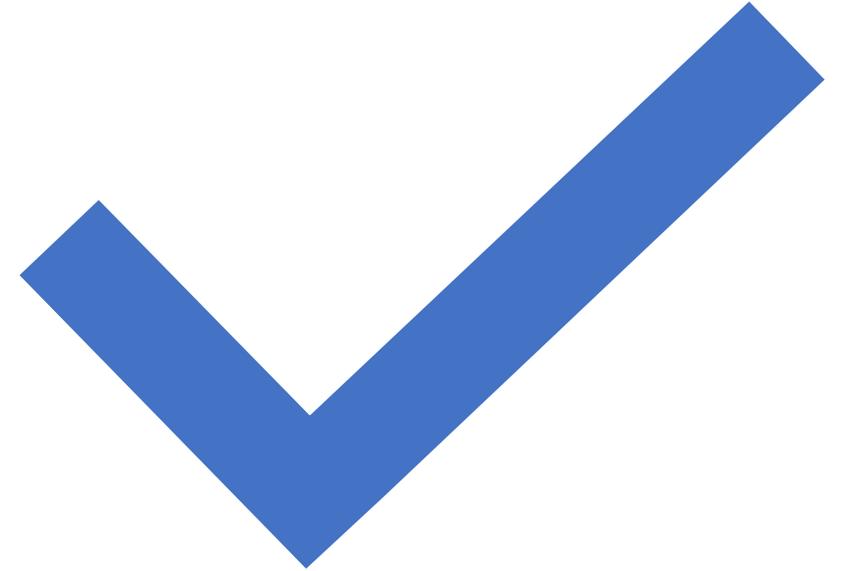
SEVIS 6 MONTH STEM VALIDATION

- SEVIS requires validation of your continued employment every six months. CISP International Team will not notify you directly when the SEVIS 6 Month STEM Validation is due.



ACTIVE STUDENTS REQUIRING STEM OPT REPORTING

- The US Government randomly selects STEM OPT students for reporting. The CISP International Team will notify you directly by e-mail when the ACTIVE STUDENT REQUIRING STEM OPT REPORTING is due. You must respond to follow the directions stated in the email within the given timeframe to confirm your address, upload any information requested by the government, and confirm employment information.



FORM I-983 ANNUAL EVALUATION



You must submit at least two self-evaluations signed by your employer during the 24-Month STEM Extension. You will not receive any e-mail reminders.



Annual Evaluation #1: Complete page 5 of the Form I-983 (PDF) and [submit evaluation online](#) at the end of your first year of STEM OPT.



Annual Evaluation #2: Complete page 5 of the Form I-983 (PDF) and [submit evaluation online](#) at the end of your second year of STEM OPT.



Additional concluding evaluations (page 5 of the I-983) must be submitted each time you complete a training opportunity, no matter how long the position lasted.

I-765 Important Advice:

Type your I-765

- Use the fillable PDF I-765 on the USCIS website to type in your answers.
- Typing helps prevent unclear handwriting from causing errors on your OPT card and helps avoid mail delivery problems or delay.

Sign your I-765 in black ink

- Typed signatures are not acceptable. The government will **reject and return I765s** that are not signed.

I-765 Important Advice:

- Carefully prepare the I-765 fee
 - Do not mail cash.
 - *Paying by check or money order:*
 - The government will **reject, and return** OPT application if there is not enough money to pay the fee when the application arrives at the government center. DO not send a check and plan to add money to your bank account later. Have 100% of the fee money in the bank when you mail your application to the government.
 - The check or money order must be issued by a financial institution in the U.S. and must be in U.S. currency:
 - Do not use a check or money order from a foreign bank online U.S. account. This is most common for Canadian students with U.S. dollar Canadian bank accounts.
 - Make the check or money order payable to the **U.S. Department of Homeland Security**.
 - NOTE: Spell out U.S. Department of Homeland Security; do not use initials like "dhs"
 - Dates on a check or money order are critical! Write the current date on the check or money order; **do not write a future date**.
 - Use standard U.S. date style of Month Day Year (examples: June 1 2018, 6/1/2018)

0001

NAME
ADDRESS
CITY, STATE, ZIP CODE

**NOT A LEGAL CHECK
FOR TEACHING USE ONLY**

PAY TO THE ORDER OF US Department of Homeland Security \$ \$ 410.00

Four hundred ten and no cents _____ DOLLARS

Bank Name
Address
City State Zip

FOR OPT application _____ Your Signature _____

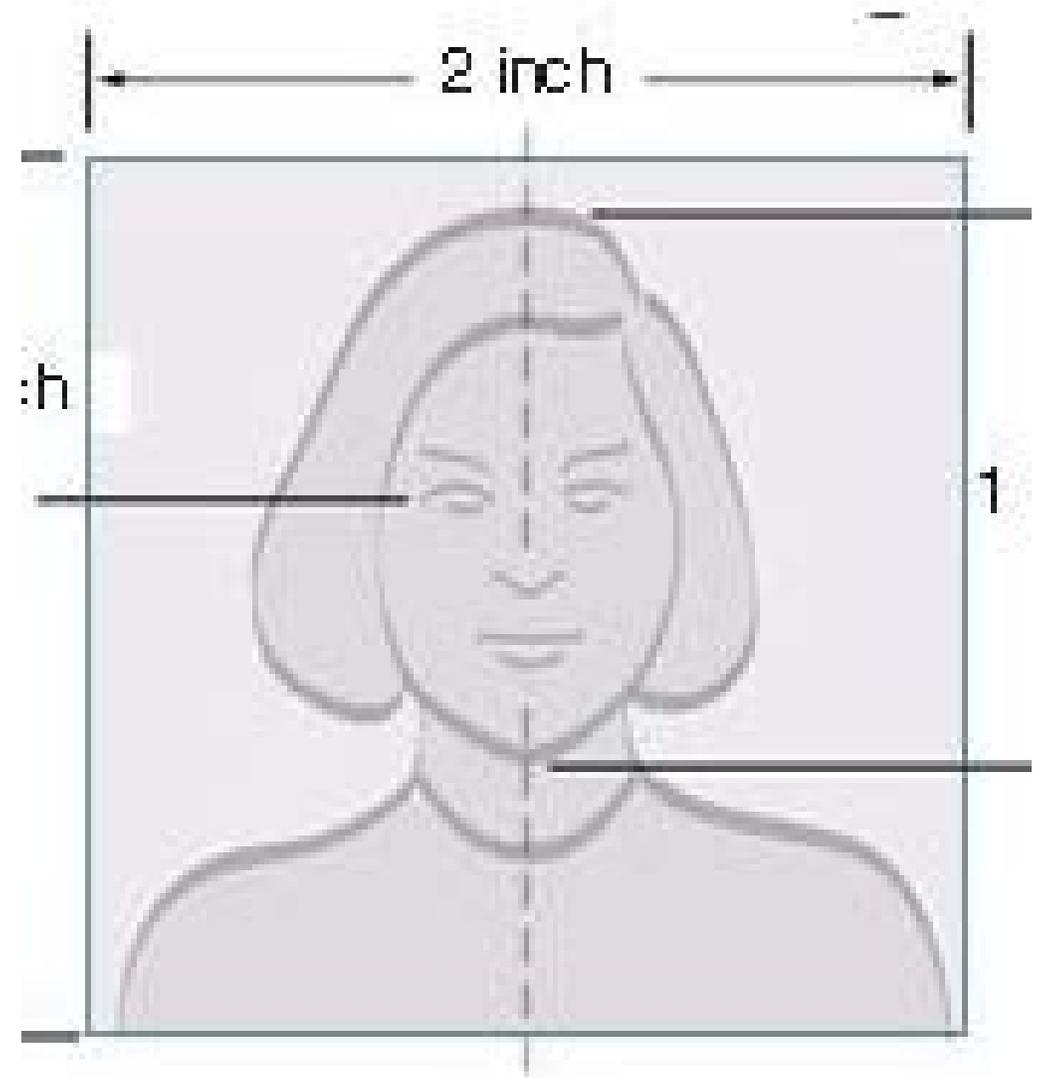
012345678910 012345678910 0001

I-765 Important Advice:

- ***Paying by Credit Card***
 - Type in black ink
 - Complete the entire form and sign the [Form G-1450](#)
 - **Don't forget to sign your form! USCIS will reject and return any unsigned form.**
 - Place the Form G-1450 **ON TOP** of your STEM OPT application
 - Print and save a copy of your complete G-1450 to review in the future and for your records.

I-765 Important Advice:

- **Get Fresh Passport-style Photos**
 - OPT application photos must meet the government specification for U.S. passport photos.
 - Photos must be 2"x2". Photos where the head size is too big or small frequently cause problems. Your eyes must also be the correct distance from the bottom of the 2"x2" square photo.
 - Photo background must be white
 - Photos must be taken within the past 30 days
- Do not reuse old photos- if the government sees that the same photos were used in prior immigration document (passport, visa, old EAD) your application may be denied



I-765 Important Advice:

- **Assemble Your STEM OPT Application**
 - We recommend assembling your package in the following order:
 - Check, Money order, or G-1450 Form
 - G-1145 Request for e-Notification (optional)
 - I-765 Form
 - Supporting documentation:
 - Submit the documents or evidence listed in the form instructions.
 - Supporting documents must be in English or accompanied by a complete English translation.
 - Submit copies unless we request original documents. If you send an original document with your form, it may become part of the record and we will not return it to you automatically.
 - If you have any attachments, make sure each attached page has your name and A-Number (if any). You may also number the pages and include the total amount of pages being attached (for example, “page 1 of 11”
- Mark the envelope and the cover letter with the nature of the submission. For example: STEM OPT Application Original Submission, STEM OPT Response to Request for Additional Information.
- Mark the envelope and the cover letter with the form number. For example, I-765, I-130, I-690 or I-698.



I-765 Important Advice:

- **In preparing your packet, remember:**
 - Do not use binders or folders that we cannot easily disassemble.
 - Use fasteners to hold together thick or bulky applications or petitions. Two-hole punching the top of the material for easy placement in the file is appreciated.
 - Sticky tabs assist in locating items listed as attachments. For easy filing, place the tabs on the bottom of the page, not the side.
 - Do not use heavy-duty staples; instead use fasteners or heavy clips.
 - Do not submit originals unless specifically required.
 - Do not submit oversized documentation unless it is necessary.
 - If you are resubmitting the packet in response to a Request for Evidence (RFE), please place the notice requesting the additional evidence/information on the top of the packet. Also, please use the special mailing envelope provided.

I-765 Important Advice:

- **Mail Your Application**
 - Mail your forms to the address listed on that form's [webpage](#). You may submit your forms through USPS, FedEx, DHL, or UPS.

I-765

Definitions:

Employment Authorization Document (EAD): The EAD is the card (also known as Form I-688A, Form I-688B, Form I-766, or any successor document) issued as evidence that the holder is authorized to work in the United States.

Initial EAD: An EAD issued to an eligible applicant for the first time under a specific eligibility category.

Renewal EAD: An EAD issued to an eligible applicant after the expiration of a previous EAD issued under the same category.

Replacement EAD: An EAD issued to an eligible applicant when the previously issued EAD was lost, stolen, damaged, or contains errors, such as a misspelled name.

NOTE: If you are an F-1 student filing for initial or extension of OPT, please note that your OPT and your employment authorization will be automatically terminated if you change educational program levels or transfer to another school. Working in the United States without authorization may result in your removal from the United States or denial of re-entry. Consult your Designated School Official (DSO) for additional details.

*F-1 Student
Seeking Optional
Practical Training
(OPT) in a
Position Directly
Related to Major
Area of Study:*

24-Month Extension for STEM Students (Students With a Degree in Science, Technology, Engineering, or Mathematics)--(c)(3)(C).

File Form I-765 up to 90 days before the expiration of your current OPT, if you are requesting a 24-month STEM extension.

Include evidence the degree that is the basis for the STEM OPT extension is in one of the degree programs currently listed on the STEM Designated Degree Program List.

Additionally, submit the employer's name as listed in E-Verify, along with the E-Verify Company Identification Number, or a valid E-Verify Client Company Identification Number for the employer with whom you are seeking the 24-month STEM OPT extension. You must provide this information in Part 2., Item Numbers 28.a. - 28.c., of Form I-765.

You must include a copy of the Form I-20 endorsed by the DSO within 60 days before filing Form I-765.

I-765 General Instructions:

Signature. Each application must be properly signed and filed. For all signatures on this application, USCIS will not accept a stamped, electronic, or typewritten name in place of a signature

Validity of Signatures. USCIS will consider original, handwritten signature valid for filing purposes.

I-765 Specific Instructions:

Part 1. Reason for Applying

- You must select one Item Number that best describes your reason for applying:
- Item Number 1.a. Initial permission to accept employment.
- Item Number 1.b. Replacement of a lost, stolen, or damaged EAD, or correction of your EAD not due to 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 these Instructions for further details.
- Item Number 1.c. Renewal of your permission to accept employment. If you select Item Number 1.c., attach a copy of your previous EAD.
- **STEM OPT Applications are a RENEWAL for your permission to accept employment**

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.)

I-765 Specific Instructions:

Part 2. Information About You

- **Item Numbers 1.a. - 1.c. Your Full Legal Name.**
Provide your full legal name as shown on your birth certificate or legal change of name document in the spaces provided.

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)	<input type="text" value="Smith"/>
1.b. Given Name (First Name)	<input type="text" value="Jane"/>
1.c. Middle Name	<input type="text"/>

I-765 Specific Instructions:

- **Item Numbers 2.a. - 4.c. 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.** **LEAVE BLANK if you have not changed your name.**

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)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
<hr/>	
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
<hr/>	
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>

I-765 Specific Instructions:

- **Item Numbers 5.a. - 5.f. Your U.S. Mailing Address.** You must provide a valid mailing address in the United States. You may list a valid U.S. residence, APO, or commercial address. You may also list a U.S. Post Office address (PO Box) if that is how you receive your mail. If your mail is sent to someone other than yourself, please include an “In Care of Name” as part of your mailing address. If your U.S. mailing address is in a U.S. territory and it contains an urbanization name, list the urbanization name in the “In Care of Name” space provided. We will send your EAD to this address. Do not use the attorney’s or other legal representative’s address. If your safe mailing address is not the same as the address where you currently reside, provide your U.S. physical address in Item Numbers 6.a. - 6.e
- **Item Numbers 6. - 7.e. U.S. Physical Address.** Type or print your physical address in the spaces provided.

Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
CISP CSU
- 5.b. Street Number and Name
2121 Euclid Ave
- 5.c. Apt. Ste. Flr. BH 412
- 5.d. City or Town
Cleveland
- 5.e. State OH 5.f. ZIP Code 44115
[\(USPS ZIP Code Lookup\)](#)
6. Is your current mailing address the same as your physical address?
 Yes No

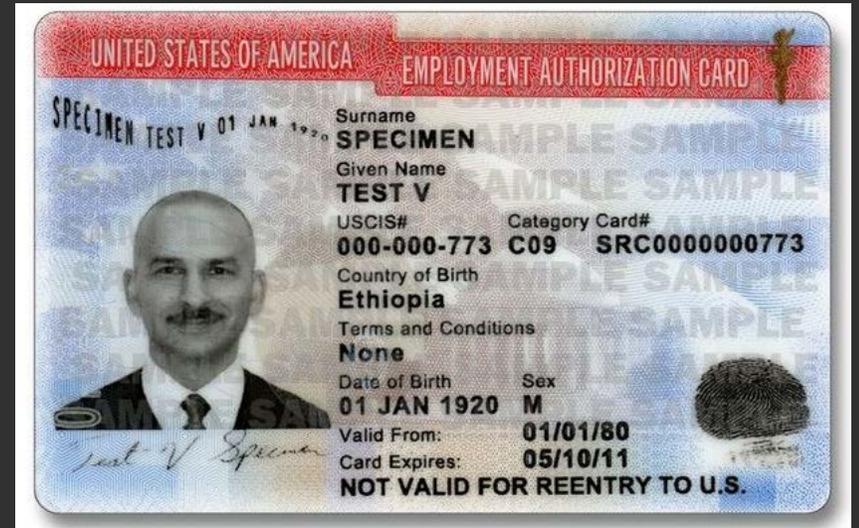
NOTE: If you answered “No” to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name
12354 Any St
- 7.b. Apt. Ste. Flr. #123
- 7.c. City or Town
Any City
- 7.d. State ST 7.e. ZIP Code Any Zip Code

I-765 Specific Instructions:

- **Item Number 8. Alien Registration Number (A-Number) (if any).** An Alien Registration Number, otherwise known as an “A-Number,” is typically issued to people who apply for, or are granted, certain immigration benefits. If you were issued an A-Number, type or print it in the spaces provided. If you are renewing your EAD, this number may be listed as the **USCIS Number on the front of the card.** If you have more than one A-Number, use the space provided in Part 6. Additional Information to provide the information. If you do not have an A-Number or if you cannot remember it, leave this space blank.



Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- 0 0 0 0 0 0 0 0 0 0

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.

I-765 Specific Instructions:

- **Item Number 9. USCIS Online Account Number (if any).** If you have previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. The USCIS Online Account Number is not the same as an A-Number. If you were issued a USCIS Online Account Number, enter it in the space provided. **LEAVE BLANK is this does not apply to you.**

I-765 Specific Instructions:

- **Item Number 10. Gender.** Select the box that indicates whether you are male or female.
- **Item Number 11. Marital Status.** Select the box that describes the marital status you have on the date you file Form I-765. Item Numbers 12. Previous Application for Employment Authorization from USCIS. If you have applied for employment authorization in the past, select “Yes” for Item Number 12. Provide copies of your previous EADs, if available.

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.**

I-765 Specific Instructions:

Item Numbers 13.a. - 17.b. Questions regarding Social Security Number (SSN).

- Item Number 13.a. asks you if the Social Security Administration (SSA) has ever officially issued you a Social Security card. If the SSA ever issued a Social Security card to you in your name or a previously used name such as your maiden name, then you must enter the SSN from your card in Item Number 13.b. If your request for employment authorization is approved, the SSA may assign you an SSN and issue you a Social Security card or issue you a replacement card. If you want the SSA to assign you a Social Security number and issue you a Social Security card or issue you a new or replacement Social Security card, then answer “Yes” to both.
- Item Number 14. and Item Number 15.** You must also provide your father’s and mother’s family and given names at birth in Item Numbers 16.a. - 17.b. SSA will use

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

▶ 0 0 0 0 0 0 0 0 0 0

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

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

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

I-765 Specific Instructions:

- **Item Numbers 16.a. -17. b.** in issuing you a Social Security card. You are not required to request an SSN using this application. Completing Item Numbers 14. - 17.b. is optional. However, you must have an SSN properly assigned in your name to work in the United States.
- **NOTE:** If your employer uses E-Verify to confirm new employees' eligibility to legally work in the United States, the information you provide on Form I-9, Employment Eligibility Verification, will be compared to data in SSA and DHS databases. Employees must have an SSN for E-Verify to confirm their eligibility to legally work in the United States.

Father's Name

Provide your father's birth name.

16.a. Family Name
(Last Name)

16.b. Given Name
(First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name
(Last Name)

17.b. Given Name
(First Name)

I-765 Specific Instructions:

- **Item Number 18.a. - 18.b. Country or Countries of Citizenship or Nationality.** Type or print the name of the country or countries where you are currently a citizen or national. 1. If you are stateless, type or print the name of the country where you were last a citizen or national. 2. If you are a citizen or national of more than one country, type or print the name of the foreign country that issued your last passport.
- **Item Numbers 19.a. - 19.c. Place of Birth.** Enter the name of the city, town, or village; state or province; and country where you were born. Type or print the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.
- **Item Number 20. Date of Birth.** Enter your date of birth in mm/dd/yyyy format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.

Place of Birth

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

19.a. City/Town/Village of Birth

Lanzhou

19.b. State/Province of Birth

Gansu

19.c. Country of Birth

China

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

10/12/1996

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

China

18.b. Country

China

I-765 Specific Instructions:

- **Item Numbers 21.a. - 21.e. Form I-94 Arrival-Departure Record.** If CBP or USCIS issued you a Form I-94, Arrival Departure Record, provide your Form I-94 number. The Form I-94 number also is known as the Departure Number on some versions of Form I-94.
- **NOTE:** If you were admitted to the United States by CBP at an airport or seaport after April 30, 2013, CBP may have issued you an electronic Form I-94 instead of a paper Form I-94. You may visit the CBP website at <http://www.cbp.gov/i94> to obtain a paper version of an electronic Form I-94. CBP does not charge a fee for this service. If your Form I-94 cannot be obtained from the CBP website, it may be obtained by filing Form I-102, Application for Replacement/Initial Nonimmigrant Arrival-Departure Record, with USCIS. USCIS does charge a fee for this service.

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
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I-765 Specific Instructions:

- **Passport and Travel Document Numbers.** If you used a passport or travel document to travel to the United States, enter either the passport or travel document information in the appropriate space on the application, even if the passport or travel document is currently expired.
- **Item Number 22. Date of Your Last Arrival into the United States, On or About.** Provide the date on which you last entered the United States in mm/dd/yyyy format.
- **Item Number 23. Place of Your Last Arrival into the United States.** Provide the location where you last entered the United States

21.b. Passport Number of Your Most Recently Issued Passport	A1234567
21.c. Travel Document Number (if any)	
21.d. Country That Issued Your Passport or Travel Document	China
21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)	10/12/2022
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)	08/13/2015
23. Place of Your Last Arrival Into the United States	Chicago Illinois

I-765 Specific Instructions:

- **Item Number 24. Immigration Status at Your Last Arrival.** Provide the letter and number that correlates with your status when you last entered the United States. For example, if you last entered the United States as a temporary visitor for pleasure, B-2, type or print “B-2 visitor” in the space provided.
- **Item Number 25. Your Current Immigration Status or Category.** Provide your current immigration status. For example, if your status is student academic, F-1, type or print “F-1 student” in the space provided.
- **Item Number 26. Student and Exchange Visitor Information System (SEVIS) Number (if any).** If you were issued a SEVIS number, enter it in the space provided.

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- 0001234567

I-765 Specific Instructions:

- **Item Number 27. Eligibility Category.** Refer to the list of the eligibility categories in the Who May File Form I-765 section of these Instructions. Find your eligibility category and enter it in the space provided.
- **Item Numbers 28. - 28.c. (c)(3)(C) STEM OPT Eligibility Category.** If you entered eligibility category (c)(3)(C) in Item Number 27., provide your degree level and major (for example, Bachelor's degree in English), your employer's name as listed in E-Verify, your employer's E-Verify Company Identification Number, or a valid E-Verify Client Company Identification Number in the spaces provided.
- **Item Number 29. (c)(26) Eligibility Category.** If you entered eligibility category (c)(26) in Item Number 27., provide the receipt number of your spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker, in the space provided. **LEAVE BLANK does not apply to you.**

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

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.



I-765 Specific Instructions:

Item Number 30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., provide an answer to the question “Have you have EVER been arrested for and/or convicted of any crime?” If you answered “Yes” to Item Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Instructions for information about providing court dispositions. . **LEAVE BLANK does not apply to you.**

Item Number 31.a. - 31.b. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140 or the receipt number of your spouse’s or parent’s Form I-797 Notice for Form I-140. Provide an answer to the question “Have you EVER been arrested for and/or convicted of any crime?” NOTE: If you answered “Yes” to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8. - 9. in the Who May File Form I-765 section of the Instructions for information about providing court dispositions. **LEAVE BLANK does not apply to you.**

I-765 Specific Instructions:

- **Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature Item Numbers 1.a. - 7.b.** Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

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.

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 Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

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.

Part 4. Interpreter's Contact Information, Certification, and Signature

I-765 Specific Instructions:

- **Part 4. Interpreter's Contact Information, Certification, and Signature**
- **Item Numbers 1.a. - 7.b.** If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application. **LEAVE BLANK if you filled out the I765.**

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Fir.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

I-765 Specific Instructions:

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

- **Item Numbers 1.a. - 8.b.** This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both Part 4. and Part 5. If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application. **LEAVE BLANK if you filled out the I765.**

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

I-765 Specific Instructions:

We recommend that you print or save a copy of your completed application to review in the future and for your records.

It is the student's **responsibility** to keep ALL copies of I-765 forms, I-983 forms, original I-20s, I-797 receipts notices for future applications.

I-983 Form Completion Guide

- Before applying to USCIS for a STEM OPT extension, a STEM OPT student must download, complete, sign and submit the [Form I-983](#) to their DSO. The STEM OPT student and their prospective employer must work together to complete this form. STEM OPT students and their employers are subject to the terms of the 24-month STEM OPT extension regulations and [Form I-983 instructions](#), effective as of the start date requested for STEM OPT, as indicated on the form.
- Students are responsible for facilitating the completion of this form, submitting it with their STEM OPT application and returning it to their DSO, who will keep it in the student's record. DHS maintains the discretion to request and review all documentation for eligibility concerns.
- The STEM OPT student must complete Section 1 of the Form I-983 and work with their prospective employer to complete Sections 2-6. For more information about these sections, please visit the [Employers and the Form I-983 resource page](#).
- You must submit a new I-983 form every time you changes employers. This mandatory for STEM OPT!

I-983 Important Advice



Type your I-983

Use the fillable PDF I-983 on the USCIS website to type in your answers.

Typing helps prevent unclear handwriting from causing errors



Sign your I-983 in black ink

Typed signatures are not acceptable. The government will **reject and return I-983s** that are not signed.



Upload the I-983 with the STEM OPT application

This will be kept at Cleveland State

Will only be released to the U.S. Government if they request it.



We recommend that you print or save a copy of your completed application to review in the future and for your records.

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)

SECTION 1: STUDENT INFORMATION (Completed by Student)		
Student Name (Surname/Primary Name, Given Name): Your Surname, Your first name (ex: Smith, Jane)		Student Email Address: anyemail@email.com
Name of School Recommending STEM OPT: Cleveland State University	Name of School Where STEM Degree Was Earned: Cleveland State University	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): CLE214F00211000
Designated School Official (DSO) Name and Contact Information: Mary Brown m.k.brown@csuohio.edu 216.523.7511		Student SEVIS ID No.: Write your SEVIS #
STEM OPT Requested Period (mm-dd-yyyy): From: specific dates To: specific dates		
Qualifying Major and Classification of Instructional Programs (CIP) Code: Look at the I20 under Major 1		
Level/Type of Qualifying Degree: Bachelors, Masters, or Ph.D.		
Date Awarded (mm-dd-yyyy): 05/12/2018		
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Employment Authorization Number: a-000-000-000 (not the receipt #)		
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"> 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: _____		
Printed Name of Student: all signature areas must be signed with a pen _____ Date (mm-dd-yyyy): _____		

I-983
Instructions

I-983 Instructions

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employer Name: Any Company USA		Street Address: 12345 Any St. (headquarters)	
Employer Website URL: www.anycompanyus.nsh		City: Any Town	State: An
Employer ID Number (EIN): 12-3456789		Number of Full-Time Employees in U.S.: write # of employee:	ZIP Code: 12345
OPT Hours Per Week (must be at least 20 hours/week): must be at least 20 hour		North American Industry Classification System (NAICS) Code: https://www.census.gov/eos/www/naics/	
Start Date of Employment (mm-dd-yyyy): 07/23/2018		Compensation:	
		A. Salary Amount and Frequency: \$xx,xxx.xx yearly, bi-monthly, weekly	
		B. Other Compensation (Type and Estimated Amount or Value):	
		1. \$x,xxx bonus	
		2. \$x,xxx transportation costs	
		3. you do not need to fill this if you are not receiving other compensation	
		4.	
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:			
<ol style="list-style-type: none"> I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan; 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; 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 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: <ol style="list-style-type: none"> 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; The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff; 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; 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 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: _____			
Printed Name and Title of Employer Official with Signatory Authority: <u>all signature areas must be signed with a pen</u>			
Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: <u>no electronic signatures at ALL!</u>			

I-983 Instructions

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name): Smith, Jane	
Employer Name: Any Company USA	
EMPLOYER SITE INFORMATION	
Site Name: branch, subsidiary, or headquarters	Site Address (Street, City, State, ZIP): exact address of work site where STEM is taking place
Name of Official: The person who will monitor goals/performance	Official's Title: title of person who will monitor goals/performance
Official's Email: email of person who will monitor goals/performance	Official's Phone Number: xxxxxxxxxx
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.	
<p>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.</p> <p>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.</p>	
<p>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.</p> <p>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.</p>	
<p>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.</p> <p>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.</p>	
<p>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.</p> <p>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.</p>	

I-983 Instructions

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

Any other information that might important for the I-983 form.

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: _____

Printed Name and Title of Employer Official with Signatory Authority: all signature areas must be signed with a pen

Date (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.

I-983 Evaluations

- 1st evaluation must be submit at the end of the 1st 12-months of STEM OPT or if you terminate employment.
- 2nd evaluation must be submitted at the end of the 2nd 12-months of STEM OPT.
- Every time you change employers you MUST submit an evaluation from the previous employer.

EVALUATION ON STUDENT PROGRESS	
<small>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.</small>	
Range of Evaluation Dates: From (mm-dd-yyyy): <u>specific dates</u> To (mm-dd-yyyy): <u>specific dates</u>	
submits the first assessment within twelve months	
Signature of Student: _____	
Printed Name of Student: <u>all signature areas must be signed with a pen</u> Date (mm-dd-yyyy): _____	
Signature of Employer Official with Signatory Authority: _____	
Printed Name of Employer Official with Signatory Authority: <u>all signature areas must be signed</u> Date (mm-dd-yyyy): _____	
FINAL EVALUATION ON STUDENT PROGRESS	
<small>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.</small>	
Range of Evaluation Dates: From (mm-dd-yyyy): <u>specific dates</u> To (mm-dd-yyyy): <u>specific dates</u>	
a final evaluation that recaps all the training and knowledge acquired during the complete training period.	
Signature of Student: _____	
Printed Name of Student: <u>all signature areas must be signed with a pen</u> Date (mm-dd-yyyy): _____	
Signature of Employer Official with Signatory Authority: _____	
Printed Name of Employer Official with Signatory Authority: <u>all signature areas must be signed</u> Date (mm-dd-yyyy): _____	

REVIEW OF APPLICATION MATERIALS

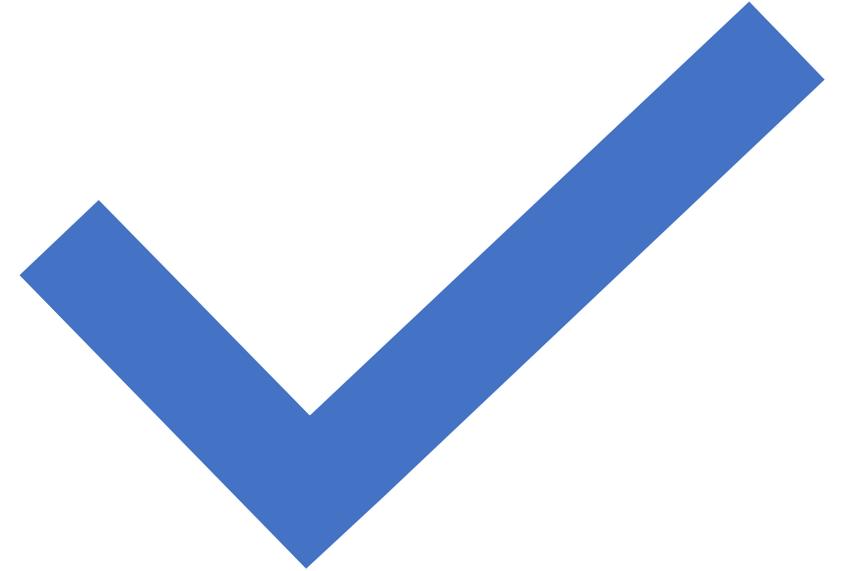
- CSU International Center will review all materials that are submitted electronically through the application process. Do not mail any documents to CSU. It is your responsibility to mail the complete packet to USCIS for processing. Any errors on the application will be returned to you immediately. The error will be noted on the materials in red pen. You are required to make the changes and return a new and corrected form to the CSU International Center by email.
- This will delay processing of the application. An additional 5 business days will be required.



STEM OPT COMPLETION CERTIFICATE

Congrats! You are now ready to apply for STEM OPT. You must click on the link below to submit proof of your completion of the STEM Online Workshop. Failure to submit your information via the link below will delay the STEM OPT application process. You will **not receive** the application for STEM OPT until this is completed.

https://cispcsu.formstack.com/forms/stem_opt_workshop_confirmation



STEM OPT QUESTIONS:

If you have questions after you have reviewed this workshop:

FIRST - Return to the beginning of the course and review it again

SECOND - Look for the answer on the CSU International Center website

THIRD - Ask an advisor- email:
stemopt@csuohio.edu

THANK YOU
& GOOD
LUCK!



Email: stemopt@csuohio.edu



Website: [www.csuohio.edu /international](http://www.csuohio.edu/international)



Telephone: 216.687.3910



Address:

c/o CISP CSU
2121 Euclid Ave MC 412
Cleveland Ohio 44115