Guidance for Completing Form I-983
Form may not be handwritten

Please note this guidance is from the Student Exchange Visitor Program guidance for the Form I-983 located at Form I-983 Overview.

SECTION 1: STUDENT INFORMATION (COMPLETED BY STUDENT)

- **Student Name**: Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your SEVIS (Student and Exchange Visitor Information System) issued Form I-20, “Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students.” If I-20 only has a surname/primary name then please complete the Form I-983 as mentioned with your name exactly as it appears on your I-20. If your passport/I-20 only has a surname/primary name please contact USCIS at 1-800-375-5283 to discuss how to complete the Form I-765.

- **Student Email Address**: Enter the email address where you can be contacted. This email will be entered into your SEVIS record, must be the same email you provide to the ISSS, and must be a reliable email in case the Student Exchange Visitor Program needs to contact you.

- **Name of School Recommending STEM OPT**: Enter the name of your school of most recent enrollment, from which the Designated School Official (DSO) will be recommending STEM OPT. This information is already entered on the Form I-983 on the ISSS OPT STEM Extension website. Please use the Form I-983 from our website.

- **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 information is already entered on the Form I-983 on the ISSS OPT STEM Extension website. If you are filing for the OPT STEM Extension based on a STEM eligible degree received from another school (not A&M-Commerce) please email optextension@tamuc.edu for more information.

- **SEVIS School Code of School Recommending STEM OPT**: Enter the SEVIS School code of the school recommending the STEM OPT (including the 3-digit suffix). This would be your current school or school of most recent enrollment. This information is already entered on the Form I-983 on the ISSS OPT STEM Extension website.

- **DSO Name and Contact Information**: Enter the full name and contact information, including official address, phone, and email, of the DSO who is recommending this STEM OPT and processed this Form I-983. This information is already entered on the Form I-983 on the ISSS OPT STEM Extension website.

- **Student SEVIS ID Number**: Enter your SEVIS identification (ID) number. Found at the top left of the first page of your I-20. The SEVIS number is N00XXXXXXXX.

- **STEM OPT Requested Period**: Enter the period during which you are requesting to work on STEM OPT (regardless of whether the authorized dates match actual training dates). The OPT STEM Extension start date will be the day after the EAD card end date for your current OPT.
  - For **students filing for the 24-month OPT STEM Extension** the end date will be 24-months (minus one day) from the OPT STEM Extension start date. For example, a student’s current OPT EAD card has an end date of June 25, 2015. The student’s OPT STEM Extension start date would be June 26, 2015 and the end date would be June 24, 2017.
  - For **students currently on 17-month OPT Extension** who are filing for the additional 7-months of OPT the OPT STEM Extension end date will be two years (minus one day) from the EAD card start date for the 17-month OPT Extension. For example, a student’s 17-month OPT began on June 25, 2015 and ends on November 24, 2016. The student’s
7-month OPT start date would be November 25, 2016 and the end date would be June 24, 2017.

- **Qualifying Major and Classification of Instructional Programs (CIP) Code:** Enter your STEM major that qualifies you for the STEM OPT extension AND the degree’s (CIP) code. You can find A&M-Commerce’s CIP codes at [OPT STEM Extension](#). For example:
  - Computer Science, CIP Code 11.0101
  - Computational Science, CIP Code 30.3001
  - Technology Management, CIP Code 15.0612

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

- **Date Awarded:** Enter the date when the degree, upon which STEM OPT will be based, was awarded. This may be found on your official A&M-Commerce transcript.

- **Based on Prior Degree?** Select “Yes” only if you are filing for the OPT STEM Extension based on a previous degree you have received other than your most recent degree from A&M-Commerce. For more information go to [SEVP OPT STEM Guidance](#). Check “No” if your STEM OPT participation is based on your most recently obtained degree from A&M-Commerce, and that is the degree upon which your current post-completion OPT is based. The majority of students will select “No.”

- **Employment Authorization Number:** Enter your “A” number which may be found on the Employment Authorization Document (EAD card).

### SECTION 2: STUDENT CERTIFICATION

- **Student Certification:** Review the certification and affirm the statement by signature.

### SECTION 3: EMPLOYER INFORMATION (MUST BE COMPLETED BY EMPLOYER)

- **Employer Name:** Enter the full name of your employer or company
- **Street Address, Suite, City, State, Zip Code:** Enter the employer or company mailing address.
- **Employer Website URL:** Enter the employer website URL, if available. If no website exists, enter N/A.
- **Employer ID Number (EIN):** Enter the Employer Identification Number (EIN). The EIN is a nine digit number.
- **Number of Full-Time Employees in the United States:** Provide the number of full-time employees in the United States.
- **North American Industry Classification System (NAICS) Code:** Enter the company’s NAICS code. (Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.) NAICS codes are accessible at http://www.census.gov/cgi-bin/ssa/naics/naicsrch?chart=2012.
• **OPT Training Hours Per Week:** Enter the agreed-upon number of average training hours per week. In order to qualify for STEM OPT, the student must work a minimum of 20 hours per week.

• **Start Date of Employment:** Enter the date when the student will begin the STEM OPT training with the employer. This will generally be the EAD card start date for the student’s OPT STEM Extension. If a student is hired after the EAD card start date for the student’s OPT STEM Extension then this date will be the official start date for the student.

• **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:**

• **Employer Certification:** The Employer Official with Signatory Authority, who is an appropriate individual in the employer’s organization, who is familiar with the student’s goals and performance, and who is an employee who has signatory authority for the employer should review the certification and affirm the statement by signature.

• **Note for Employer Official with Signatory Authority:** The Employer Official with Signatory Authority attestation includes the certification at Section 4 (d) which states “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.”

**SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (MUST BE 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. **PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE FOR EACH SECTION.**

• **Student Name:** Enter the student’s name (Surname/Primary Name, Given Name) exactly as it appears on the student’s SEVIS-issued Form I-20, “Certificate of Eligibility for Nonimmigrant (F-1) Student Status – For Academic and Language Students.”

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

• **Site Name:** Enter the employer’s site name, which may be the same as employer name in Section 3. However, if the student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name of this work site.

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

• **Name of Official:** Enter the name of the appropriate individual in the employer’s organization who is familiar with, and will monitor, the student’s goals and performance. This may or may not be the same Employer Official as in Section 4.

• **Official’s Title:** Enter the title of the appropriate individual in the employer’s organization who is familiar with, and will monitor, the student’s goals and performance.
• **Official’s Email:** Enter the email address of the appropriate individual in the employer’s organization who is familiar with, and will monitor, the student’s goals and performance.

• **Official’s Phone Number:** Enter the phone number of the appropriate individual in the employer’s organization who is familiar with, and will monitor, the student’s goals and performance.

• **Student Role and the Training Program’s Direct Relationship to the Student’s Qualifying STEM Degree:** Describe what tasks and assignments the student will carry out during the training and how these relate to the student’s STEM degree. The plan must cover a specific span of time, and detail specific goals and objectives.

• **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 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.

• **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, 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:** Note: The individual who signs this Certification need not be, but can be, the same individual who signed the Employer Certification in Section 4. An employee with signatory authority for the employer should review the certification and affirm the statement by signature. On the material change certification (#4), please note that material changes in the plan can include (but are not limited to) the following: any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Form I-983, “Training Plan for STEM OPT Students,” 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.

**EVALUATION ON STUDENT PROGRESS:** These pages (pages 6-7) have been removed from the ISSS Form I-983 as they are not a required part of the form. These forms are not to be submitted with the Form I-983. The First Annual Self-Evaluation is to be submitted to the ISSS at optextension@tamuc.edu no later than 12 months after the EAD start date for the student’s OPT STEM Extension. The Final Self-Evaluation is due no later than 24 months after the EAD start date for the student’s OPT STEM Extension.

• 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. The student submits the first assessment within twelve months and a final evaluation that recaps all the training and knowledge acquired during the complete training period.

• Enter the range of the student evaluation dates (the timeline for which this evaluation is relevant).

• The student must sign, print name, and enter date of signature.
• The Employer Official with Signatory Authority must sign, print name, and enter the date of signature to show concurrence with the assessment information that the student has entered.