OPT Workshop
(Optional Practical Training)

Office of International Students and Scholars (OISS)
Wayne State University
Presenter

Ann K. Capela
International Student Advisor
Employment Options for F-1 Students

- Off-Campus

Optional Practical Training (OPT)
Types of OPT

- Pre-completion
- Post-completion
  - Cap-Gap Extension
  - STEM Extension
Optional Practical Training

OPT

- **General concepts**
  - OPT is defined as employment that is directly related to a student’s field and level of study
  - OPT is an employment opportunity available to an F-1 student who has been lawfully enrolled on a full time basis for at least one full academic year.
  - USCIS must adjudicate all OPT applications before they start working.
  - Processing time can be up to 3 months.
  - Maximum of 12 months of OPT
  - Must not have used more than 12 months of full-time CPT at that degree level
Continued....

- OPT is authorized per educational level- no OPT for second degree at the same level
- OPT is approved for each educational level and is approved in chronological order of their educational level (Bachelors, Master’s and Ph.D).
- OPT is not eligible when student moves from higher to lower levels of degree program.
- Part-time or full-time during the student’s annual vacation(spring/summer) and if the student intends to register for the next term of the session
- Part-time while school is in session
- Part-time or full-time after completion of graduate course requirements excluding a thesis or dissertation
- Fulltime after completion of the course of study
Optional Practical Training

- **Pre-completion OPT**
  - A student may apply for pre-completion OPT to work in their field of study if the program doesn’t have an internship coursework.
  - A student can only work 20 hours per week while school is in session; and must be enrolled full time.
  - Over 20 hours a week can be requested for pre-completion OPT during official breaks or spring/summer;
  - After student has completed all coursework required for the degree and while the student is completing a thesis or dissertation. Contact an OISS advisor for more detail and options*** (PhD)
  - Students must continue to enroll full time until the completion of course work.
Optional Practical Training

- **Post Completion OPT**
  - Application can be made 90 days prior to the completion of study or must be within 60 days of the completion of the degree program.
  - The training must be directly related to the student’s field of study and commensurate with the student’s educational level.
  - No job offer is required.
OPT Application Process

1. Students must initiate the OPT process by completing the OPT application from OISS
2. Requesting an I-20 from OISS recommending them for OPT
3. Students must file an I-765 form with supporting documents to USCIS
4. If approved by USCIS, the student will receive an EAD card and cannot start work until the student receives the card
OPT RECOMMENDATION FORM

FORM CAN BE FOUND HERE: http://oiss.wayne.edu/immigration-visas/f1-f2-status.php
### Application For Employment Authorization

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**OMB No. 1615-0040**

**Expires 09/30/2020**

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**For USCIS Use Only**

- [ ] Authorization/Extension Valid From
- [ ] Authorization/Extension Valid Through

**Alien Registration Number**  
A-________

**Remarks**

---

**Fee Stamp**

**Action Block**

---

**To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).**

- [ ] Select this box if Form G-28 is attached.

**Attorney or Accredited Representative USCIS Online Account Number (if any)**

---

**START HERE** - Type or print in black ink.

### 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.)

### Part 2. Information About You

**Your Full Legal Name**

1.a. Family Name  
(________________________________________)  
1.b. Given Name  
(________________________________________)  
1.c. Middle 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  
(________________________________________)  
2.b. Given Name  
(________________________________________)  
2.c. Middle Name  
(________________________________________)

3.a. Family Name  
(________________________________________)  
3.b. Given Name  
(________________________________________)  
3.c. Middle Name  
(________________________________________)

4.a. Family Name  
(________________________________________)  
4.b. Given Name  
(________________________________________)  
4.c. Middle Name  
(________________________________________)

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**FORM: PAGE 1**

**FORM CAN BE FOUND HERE:**

[https://www.uscis.gov/i-765](https://www.uscis.gov/i-765)

**GUIDELINES FOR THIS FORM CAN BE FOUND HERE:**

[https://oiss.wayne.edu/immigration-visas/f1_form_i-765_guidelines.pdf](https://oiss.wayne.edu/immigration-visas/f1_form_i-765_guidelines.pdf)
Part 2. Information About You (continued)

Your U.S. Mailing Address
5.a. In Care Of Name (if any)  
5.b. Street Number  
5.d. City or Town  
5.e. State - 5.f. ZIP Code  

(U.S. 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  
7.c. City or Town  
7.d. State - 7.e. ZIP Code  

Other Information
8. Alien Registration Number (A-Number) (if any)  
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 15.b.

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 15. 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.

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)

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  
18.b. Country
Part 2. Information About You (continued)

Place of Birth
List the city/town/village, state/province, and country where you were born.
19.a. City/Town/Village of Birth
   
19.b. State/Province of Birth
   
19.c. Country of Birth
   
20. Date of Birth (mm/dd/yyyy)
   
Information About Your Last Arrival in the United States
21.a. Form I-94 Arrival-Departure Record Number (if any)
21.b. Passport Number of Your Most Recently Issued Passport
21.c. Travel Document Number (if any)
21.d. Country That Issued Your Passport or Travel Document
21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
23. Place of Your Last Arrival Into the United States
24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
   
Form I-765 05/31/18
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

5. 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 (fingertips, 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

Provide the following information about the interpreter.

Interpreter’s Full Name

1.a. Interpreter’s Family Name (Last Name)

1.b. Interpreter’s Given Name (First Name)

2. Interpreter’s Business or Organization Name (if any)
### Part 4. Interpreter’s Contact Information, Certification, and Signature

<table>
<thead>
<tr>
<th>Interpreter’s Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.a. Street Number and Name</td>
</tr>
<tr>
<td>3.c. City or Town</td>
</tr>
<tr>
<td>3.d. State □ 3.e. ZIP Code</td>
</tr>
<tr>
<td>3.f. Province</td>
</tr>
<tr>
<td>3.g. Postal Code</td>
</tr>
<tr>
<td>3.h. Country</td>
</tr>
</tbody>
</table>

### 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)
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer’s Statement

7.a. [ ] I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant’s consent.

7.b. [ ] I am an attorney or accredited representative and my representation of the applicant in this case [ ] extends [ ] does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited agent, you need to submit a completed Form G-28, Notice of Appearance as Attorney or Accredited Representative, with this application.

Preparer’s Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant’s Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer’s Signature

8.a. Preparer’s Signature

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

e-Notification of Application/Petition Acceptance
Department of Homeland Security
U.S. Citizenship and Immigration Services

What Is the Purpose of This Form?
Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information
Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit, rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement
AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts an immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receiving your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices (DHS/USCIS-007 - Benefits Information System and DHS/USCIS-091 - Alien File (A-File) and Central Index System (CIS)), which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

<table>
<thead>
<tr>
<th>Applicant/Petitioner Full Last Name</th>
<th>Applicant/Petitioner Full First Name</th>
<th>Applicant/Petitioner Full Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Email Address

Mobile Phone Number (Text Message)

Form G-1145 09/26/14 Y
Page 1 of 1
Cap-Gap Extension

- Cap-Gap Extension
  - F-1 students who are beneficiaries of a timely-filed H-1B petition are eligible for either:
    - An extension of their F-1 status and OPT work authorization till 9/30/---- (current year)

- What is the H-1B cap?
  - The cap is the mandated limit to the number of individuals who may be granted H-1B status during each fiscal year. For FY08, the cap was 65,000 with some exemptions (additional 20,000 for graduate students).

- What is the F-1/H-1B Cap-Gap?
  - The cap-gap occurs when an F-1 student’s status and work authorization expire in the current fiscal year, before the student can start approved H-1B employment at the beginning of the next fiscal year, October 1. In the past, the student would have to leave the U.S. and return when the H-1B authorization became effective.
What is the STEM Extension?

- F-1 students who have completed a bachelor’s, master’s or doctoral degree in a STEM field (science, technology, engineering, or math) may be granted a one-time 24 month extension to OPT.
- This gives U.S. employers two chances to apply for the H-1B process since the extension is long enough to allow for petitions to be filed in two successive fiscal years.
STEM Extension: Eligibility

- Must have a bachelor’s, master’s or doctoral degree included in the STEM Designated Degree Program List.
- Must be engaged in post-completion OPT based on a designated STEM degree.
- Must be employed by an employer that is enrolled in the E-Verify Program.
- Must apply before current post-completion OPT expires and the 24 month extension.
STEM Extension: Types of Allowed Employment

- Students must work at least 20+ hours each week for an E-verify employer in a position directly related to the student’s STEM degree.
- STEM students may work multiple jobs, but all employers must be enrolled in E-Verify.
- Students may switch jobs, but the new employer must also be enrolled in E-Verify.
- Student must submit I-983 to OISS for each employer.
STEM EXTENSION: PROCESS

- USCIS has implemented a new procedure when applying for the STEM 24 month extension.
- Form I-983 must be completed by student & employer.
- Must be submitted along with other required documents for STEM processing.
- Must submit employment verification letters from all prior and current employers.
- Form I-983 can be downloaded from USCIS website.
1-983 FORM:
PAGE 1

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

TRAINING PLAN FOR STEM OPT STUDENTS
Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

SECTION 1: STUDENT INFORMATION (Completed by Student)

<table>
<thead>
<tr>
<th>Student Name (Surname/Primary Name, Given Name):</th>
<th>Student Email Address:</th>
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</table>

<table>
<thead>
<tr>
<th>Name of School Recommending STEM OPT:</th>
<th>Name of School Where STEM Degree Was Earned:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Designated School Official (DSO) Name and Contact Information:</th>
<th>Student SEVIS ID No.:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>STEM OPT Requested Period (mm-dd-yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
</tr>
</tbody>
</table>

| To: |

Qualifying Major and Classification of Instructional Programs (CIP) Code:

<table>
<thead>
<tr>
<th>Level/Type of Qualifying Degree:</th>
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</table>

<table>
<thead>
<tr>
<th>Date Awarded (mm-dd-yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Based on Prior Degree? □ Yes □ No

Employment Authorization Number:

SECTION 2: STUDENT CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

I certify that:

1. I have reviewed, understood 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 detailed 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 non-trivial 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: __________________________ Date (mm-dd-yyyy) __________________________
1-983 FORM: PAGE 2

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Street Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Website URL:</td>
<td>City:</td>
</tr>
<tr>
<td>Employer ID Number (EIN):</td>
<td>State:</td>
</tr>
<tr>
<td>Number of Full-Time Employees in U.S.:</td>
<td>ZIP Code:</td>
</tr>
<tr>
<td>OPT Hours Per Week (must be at least 20 hours/week):</td>
<td>Compensation:</td>
</tr>
<tr>
<td>Start Date of Employment (mm-dd-yyyy):</td>
<td>A. Salary Amount and Frequency:</td>
</tr>
<tr>
<td></td>
<td>B. Other Compensation (Type and Estimated Amount or Value):</td>
</tr>
<tr>
<td></td>
<td>1.</td>
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<td></td>
<td>2.</td>
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<td></td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
</tr>
<tr>
<td>North American Industry Classification System (NAICS) Code:</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4: EMPLOYER CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

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

1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;

2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Plan that is not due to a reduction in hours worked; any significant decrease in hours per week that a student engages in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;

3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (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); and

4. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214), which include, but are not limited to, the following:
   a. The student’s practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension, and the position offered to the student achieves the objectives of his or her participation in this training program;
   b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
   c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
   d. The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions of the STEM practical training opportunity—including duties, hours, and compensation—are communicated to the terms and conditions applicable to the employer’s similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than two similarly situated U.S. workers in the area of employment, the terms and conditions of other similarly situated U.S. workers in the area of employment; and
   e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

Note: DSHS 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 a 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: ____________________________

Date (mm-dd-yyyy): ____________________________  Printed Name of Employing Organization: ____________________________
SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)

Student Name (Surname/Primary Name, Given Name):

Employer Name:

EMPLOYER SITE INFORMATION

Site Name:

Site Address (Street, City, State, ZIP):

Name of Official:

Official’s Title:

Official’s Email:

Official’s Phone Number:

Note: For the remaining fields in this section, employers who already have an internal/existing training plan in place may fill in the details based on that plan.

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.

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.

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.

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

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)(i)); 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: ____________________________

Date (mm-dd-yyyy): ____________________________

PRIVACY ACT STATEMENT


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 (DSOs) 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 House behalf, or as otherwise authorized pursuant to its 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/systems-records-notices-systems).

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, 200-12th Street SW, Washington, D.C. 20536.

*See evaluation forms that follow student’s first evaluation, to occur before the one year anniversary of the start date of the student’s STEM OPT employment authorization, and final program evaluation.
### Evaluation on Student Progress

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

**Range of Evaluation Dates:** From (mm-dd-yyyy): [ ] To (mm-dd-yyyy): [ ]

**Signature of Student:**

**Printed Name of Student:** [ ] Date (mm-dd-yyyy): [ ]

**Signature of Employer Official with Signatory Authority:**

**Printed Name of Employer Official with Signatory Authority:** [ ] Date (mm-dd-yyyy): [ ]

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### Final Evaluation on Student Progress

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

**Range of Evaluation Dates:** From (mm-dd-yyyy): [ ] To (mm-dd-yyyy): [ ]

**Signature of Student:**

**Printed Name of Student:** [ ] Date (mm-dd-yyyy): [ ]

**Signature of Employer Official with Signatory Authority:**

**Printed Name of Employer Official with Signatory Authority:** [ ] Date (mm-dd-yyyy): [ ]
Part 2. Information About You (continued)

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

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

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.e.

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.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

   □ Yes   □ No

NOTE: 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 Form I-765 Instructions for information about providing court dispositions.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse’s or parent’s Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

   □ Yes   □ No

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 Form I-765 Instructions for information about providing court dispositions.
OPT ONLINE REPORTING REQUIREMENTS

- OPT mandatory online reporting is required every 6 months from the start date on the EAD card.
- If you change employers during your OPT, you are required to report changes within 10 days:
  - Employer’s & Employee's phone number
  - Employer’s & Employee's address
  - Employer’s & Employee's email address
  - Employer’s & Supervisor’s name
OPT STEM ONLINE REPORTING REQUIREMENTS

- Same Rules apply for STEM.
- However, if you change employers during your STEM, you must submit the request for Change in Employment and receive approval from OISS before starting the new position.
  - [https://oiss.wayne.edu/immigration-visas/f1_opt_24_month_stem_change_in_employment.pdf](https://oiss.wayne.edu/immigration-visas/f1_opt_24_month_stem_change_in_employment.pdf)
Optional Practical Training
Final Approval

- OPT and STEM OPT extension is recommended by an OISS advisor and approval is granted by United States Immigration and Citizenship Service (USCIS)
Frequently Asked Questions:

- What is my immigration status while I am on OPT?

  OPT is a **benefit** of being an F-1 student. Therefore, while you are on OPT you are still an F-1 student and are still subject to the rules and regulations pertaining to your F-1 status. In the eyes of immigration, your intent is to return home after you complete your studies and OPT. You still must have your I-20 signed for travel.
For More Information...

- Visit our website at http://www.oiss.wayne.edu
- Meet with an OISS advisor during AOC hours or make an appointment.
- For additional information & resources please visit the Study in the States website: https://studyinthestates.dhs.gov/students
QUESTIONS......