Instructions for completing I-983 Training Plan for STEM OPT

I. Section One: Student information (Completed by Student)

i. Student Email Address
Enter your preferred email address.

ii. Name of School Recommending STEM OPT
University of California San Diego

iii. Name of School Where STEM Degree Was Earned
• If this STEM OPT extension application is based on your most recent degree, enter University of California San Diego.
• If this STEM OPT extension application is based on a prior degree, enter the name of the US school where you completed a prior STEM degree.

iv. SEVIS School Code Recommending STEM OPT (including 3-digit suffix)
This information can be found in the School Information section on page 1 of your most recent I-20. The school code is **SND214F000880000**.

v. Designated School Official (DSO) Name and Contact Information

*Carol Robertson | International Student Advisor*

cerobertson@ucsd.edu || (858) 534-3730

International Students & Programs Office (ISPO)
9500 Gilman Drive #0018, La Jolla, CA 92093-0018

vi. Student SEVIS ID Number
Enter your SEVIS ID number, found at the top of page 1 of your most recent I-20.

vii. STEM OPT Requested Period: (mm-dd-yyyy)
The start date should be the day after your current OPT expires as indicated on your Employment Authorization Document (EAD). The end date should be two years from the end date of your Post-completion OPT as indicated on your EAD.

viii. Qualifying Major and Classification of Instructional Programs (CIP) Code
If this STEM extension application is based on your most recent degree, write the name of the major and the CIP code listed on your most recent I-20. The CIP code can be found on page 1 of the I-20.

If this STEM extension application is based on a prior degree, write the name of that major and the CIP code. The CIP code can be found on page 1 of the I-20.

ix. Level/Type of Qualifying Degree and Date Awarded
Enter relevant information for the STEM degree on which you are basing this application.

x. Based on Prior Degree?
Answer “No” if this application is based on your most recently-completed degree from UCSD.
Answer “Yes” if the application is based on a prior degree from a different university.

xi. Employment Authorization Number
Enter the A# listed on your current EAD.

You will then need to meet with your employer to complete the rest of the form. The entire form must be completed with all relevant signatures before you submit your STEM OPT request.

II. Section Two: Student Certification (completed by student)
Student reads the certification and affirms the statements by signing and dating.

III. Section Three: Employer Information (Completed by Employer)
i. Employer Name
Enter the employer’s official name.

ii. Street Address
Enter the employer’s physical location.

iii. Employer Website URL
Enter the employer’s website URL, if available. If your employer does not have a website enter N/A.

iv. Employer ID Number (EIN):
Enter your employer EIN number, also referred to as the Federal Employer Identification Number (FEIN) or the Federal Tax Identification Number, the EIN is a unique nine-digit number. Please see link below for more information of EIN numbers and how to apply/ﬁnd it:


v. Number of Full Time Employees in US
Enter the number of all full time employees for the company who are working in the US.

Enter the company’s NAICS code. It can be found here: https://www.naics.com/search/?

NAICS codes are used by federal statistical agencies to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.
vii. OPT Training Hours Per Week
Enter the number of hours the student will be employed weekly. Students must work a **minimum of 20** hours a week.

viii. Start Date of Employment
Enter the start date when the student will begin working under the STEM OPT with the employer.

ix. Compensation
Enter the dollar amount of salary, stipend, or compensation and the frequency of the pay (per hours, week, bi-weekly, monthly).

*Other compensation* enter any other type of payment that the student will be receiving. Other compensation may include housing, tuition waivers, transportation costs, etc.

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IV. Section Four: Employer Certification (completed by employer)
The Employer Official with Signatory Authority should read the certification and affirm the statement by signature.

*The Employer Official with Signatory Authority should be someone 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.*

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V. Section Five: Training Plan for STEM OPT Students (completed by employer)
i. Student Name
Enter student’s full name

ii. Employer Name
Enter employer’s full official name as written in section 3.

iii. Site Name
Enter the employer’s site name, which *may be* the same as employer name in Section 3. If the student is working *anywhere other than the headquarters*, provide the name of the **official work site location**.

iv. Site Address
Enter the **physical location** which the student will be working.

v. Name of Official
Enter the name of the appropriate individual who is familiar with, and will monitor, the student’s goals and performance. (Usually a manager/supervisor but can be anyone who fulfills this description)

vi. Official’s Title
Enter the title of the appropriate individual in the employer’s organization

vii. Official’s Email

Enter the email address of the person who was listed for the official.

viii. Official’s Phone Number

Enter the phone number for the person who was listed for the official.

ix. Student Role and the Training Program’s Direct Relationship to the students qualifying STEM Degree

Enter a description of what tasks and assignments the student will perform during the employment and how these tasks relate to the student’s STEM degree. Please clearly detail specific goals and objectives when answering this. Please answer completely.

x. Goals and Objectives

Enter a description of the specific skills, knowledge, and techniques the student will gain or apply; how the student will achieve the goals set out for his or her training; and the training curriculum including a timeline. Please answer completely.

xi. Employer Oversight

Explain how the employer provides oversight and supervision of the student’s positions. 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. Please answer completely.

xii. Measure and Assessment

Explain how the employer measures and confirms whether the student and are gaining 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. Please answer completely.

xiii. Additional Remarks

Optional. Enter any additional information here.

VI. Section Six: Employer Official Certification (Completed by Employer)

An employee with signatory authority for the employer should review the certification and affirm the statement by signature.

The Employer Official with Signatory Authority should be someone 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.