

OPTIONAL PRACTICAL TRAINING (24-MONTH STEM EXTENSION)

ELIGIBILITY

- Currently in an approved period of OPT
- Currently employed with an E-Verify Employer

PROCEDURES TO APPLY FOR THE 24-MONTH EXTENSION

- Download and complete the **Optional Practical Training 24 Month STEM Extension I-20 Request Form** at <http://isso.unl.edu/forms.library>
- Download and complete, with your employer, **Form I-983** at <https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf>
- Make a copy of **Form I-983** for your records
- Mail or drop off completed **original Form I-983** and **Optional Practical Training 24 month STEM Extension I-20 Request Form** to:
International Student & Scholar Office
1100 Seaton Hall, Suite 201
Lincoln, NE 68588
ISSO will not accept copies of Form I-983
- Provide the ISSO with a current mailing address. Your STEM Extension I-20 will be mailed using the USPS regular service. If you would like your I-20 express mailed you will need to provide the ISSO with a pre-paid Federal Express label (this label can be purchased and printed/e-mailed at fedex.com)
- Complete the checklist below and mail your application to the appropriate USCIS office within 60 days of the signature on the I-20. Remember to sign the I-20 before copying it.

CHECKLIST

- Completed United States Citizenship and Immigration Services (USCIS) Form I-765 (download at www.uscis.gov)
The answer for question #16 is: (c)(3)(C)
- Completed United States Citizenship and Immigration Services (USCIS) G-1145 Email Notification Form (download at www.uscis.gov)
- \$410 Fee (Check or money order payable to U.S. Department of Homeland Security)
- 2 passport photos (taken within the last 30 days)
- Copy of signed I-20 recommending the 24-month extension dated on or after May 10, 2016
- Copy of completed Form I-983
- Copy of transcripts showing STEM degree
- Copy of I-94 printed from the U.S. Customs and Border Protection website at: <https://i94.cbp.dhs.gov/I94/consent.html>
- Copy of all former I-20's
- Copy of passport ID page
- Copy of F-1 visa page in passport
- Copy of any prior Employment Authorization Documents (EADs)

OPTIONAL PRACTICAL TRAINING 24 MONTH STEM EXTENSION I-20 REQUEST FORM

STUDENT INFORMATION:

Full Name: _____

Student ID Number: _____ SEVIS ID #: _____

Current Physical Street Address: _____

City/State/ZIP Code: _____

Phone Number: _____ E-mail: _____

Position Title: _____ Start Date of Employment: _____

How many hours per week do you work for this employer? _____

How is this job related to your major field of study?

Please note that this information will be input into SEVIS and will be reviewed by the U.S. Department of Homeland Security to ensure that you are meeting the requirements for OPT STEM. There is a limited amount of space to input this information into SEVIS so keep your description brief and to the point. This information will be input into SEVIS exactly as you submit it.

EMPLOYER INFORMATION:

Employer's Name as listed in E-Verify: _____

Employer's Street Address: _____

Employer's City/State/ZIP Code: _____

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Phone Number: _____ Supervisor's E-mail: _____

Employer Certification: I understand that we must comply with all OPT STEM requirements, including, but not limited to:

- Be an E-Verify Employer
- Complete student evaluation form within the first 12 months and at the end of the STEM OPT extension
- Complete and Certify Form I-983 for the initial OPT STEM Extension and for any material changes
- Notify UNL's ISSO within 5 days if the student's employment is terminated for any reason

Student Certification: I understand that I must comply with all OPT STEM requirements, including, but not limited to:

- Submit a completed Form I-983 for the initial OPT STEM Extension and for any material changes
- Be employed by an E-Verify Employer
- Submit a completed annual evaluation of student progress within the first 12 months and at the end of the STEM OPT extension
- Notify UNL's ISSO of any changes in employer, physical address, phone number or e-mail or termination of employment

Student Signature/Date

Employer Signature/Date

Completing the Form I-983

TRAINING PLAN FOR STEM OPT STUDENTS

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

STEM OPT students and their employers are subject to the terms of the Form I-983, Training Plan for STEM OPT Students, effective as of the start date requested for STEM OPT on the Form I-983.

- **Section 1: Student Information (Completed by Student):**

- ***Student Name:*** Enter your full name (Surname/Primary Name, Given Name) exactly as it appears on your 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.”
- ***Student Email Address:*** Enter the email address where you can be contacted.
- ***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.
- ***Name of School Where STEM Degree Was Earned:*** Enter the name of the school from which you earned the degree upon which the STEM OPT is based. This may or may not be the same school recommending the STEM OPT if you are using a prior STEM degree.
- ***SEVIS School Code of School Recommending STEM OPT:*** 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.
- ***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.
- ***Student SEVIS ID Number:*** Enter your SEVIS identification (ID) number.
- ***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). Note that the STEM OPT extension may not end more than 24 months after the scheduled termination of the student’s Employment Authorization Document for the current period of post-completion OPT. For a student on 12-month OPT requesting a STEM OPT extension, the start date should be the day after your current 12-month OPT ends. For a student on 17-month STEM OPT requesting conversion to the terms and conditions of a 24-month STEM OPT extension, the F-1 student and the student’s employer will be subject to the terms and conditions of the Form I-983, “Training Plan for STEM OPT Students,” as of the date of receipt at U.S. Citizenship and Immigration Services (USCIS) and thus the requested period should identify a start date on or before proper filing at USCIS.
- ***Qualifying Major and Classification of Instructional Programs (CIP) Code:*** Enter your STEM major that qualifies you for the STEM OPT extension, as well as the degree’s (CIP) code. You can find CIP codes on the National Center for Education Statistics website at:

<http://nces.ed.gov/ipeds/cipcode/default.aspx?v=55> or the ICE website at <http://www.ice.gov/sevis>.

- **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.
 - **Based on Prior Degree?** Check "Yes" if your STEM OPT participation is based on a previously-obtained STEM degree, and is not the same degree upon which your current post-completion OPT was granted. Check "No" if your STEM OPT participation is based on your most recently obtained degree, and that is the degree upon which your current post-completion OPT is based.
 - **Employment Authorization Number:** Enter your "A" number, (which may be found on the Employment Authorization Document).
- **Section 2: Student Certification:**
 - **Student Certification:** Review the certification and affirm the statement by signature.
 - **Section 3: Employer Information (Completed by Employer):**
 - **Employer Name:** Enter your company, university, etc. name.
 - **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).
 - **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/sssd/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.
 - **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 (Completed by Employer):**
In order to better ensure the academic benefit and integrity of the extension, Federal regulations require each STEM OPT student to prepare and execute with **his or her** prospective employer a formal training plan that identifies learning objectives and a plan for achieving those objectives. The STEM OPT student and his or her employer must work together to finalize the plan.
 - **Student Name:** Enter 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:**
 - 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.