

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 Name as it appears on your I-20		Student Email Address: preferably - FDU email address	
Name of School Recommending STEM OPT: Fairleigh Dickinson University	Name of School Where STEM Degree Was Earned: Fairleigh Dickinson University	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): New214F00010000	
Designated School Official (DSO) Name and Contact Information: DSO Name; Int'l Student Advisor 201.692.2743; intlservices@fdu.edu		Student SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy): From: 01/01/2021 To: 12/31/2023
Qualifying Major and Classification of Instructional Programs (CIP) Code: Chemistry, General 40.0501			
Level/Type of Qualifying Degree: Master's Degree			
Date Awarded (mm-dd-yyyy): 12/12/2019			
Based on Prior Degree? <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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 (Sign in ink): _____

Printed Name of Student: _____ Date (mm-dd-yyyy): _____

Section 1: Completed by Student

- Enter your Name as it appears on your I-20
- Use the email that is in SEVIS, if you need to change it do so prior to submitting this form.
- Use FDU as the recommending school
- Indicate which school degree you are using to apply for STEM OPT was earned
- SEVIS school code for FDU (already provided)
- DSO information - You can use either Melissa Mendoza, Asst. Director or Maria Arenas, Int'l Student Advisor, (contact information already provided)
- SEVIS ID – can be found on your I-20 top left corner
- STEM OPT Dates – From: should be the day after your Post OPT ends. For example: Post OPT Start Date: 01/01/2019; End Date: 12/31/2020;
STEM OPT Start Date: 01/01/2021, End Date: 12/31/2023
- CIP code is found on your I-20 next to your Major. For example: Chemistry, Gen 40.0501 Make sure you add the major – as shown.
- Degree level for which you are basing the STEM OPT extension, for example, if this application is using a bachelor's, master's or doctorate degree.
- This date is not Graduation date but the date noted on your degree. This date can also be found on your transcripts.
- Enter your "A" number which may be found on the EAD card. NOT your Social Security Number

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

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

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 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;
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 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
 - e. 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 (Sign in ink): _____

Section 3: Employer Information

This section must be completed by Employer **ONLY!**

- Start Date of Employment: Enter the date when the student will begin the **STEM OPT** training with the employer. *NOT when the student began Post OPT Employment. (Should be same as the date noted on page 1 Section 1)*
- (For Change of Employer **ONLY**) If submitting a Change of Employer than this date is the day you will or began work

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:

Name of Official:

Note: for the remaining ~~sections~~ of this section, employers who already have an internal/pre-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.

Section 5 –

- Filled by student
- Filled by Employer **ONLY!**

