



## Instructions and Tips for the Form I-983 STEM OPT Training Plan Bellevue University

The form is available at: <https://studyinthestates.dhs.gov/form-i-983-overview>  
Please complete the form by **typing or in legible handwriting**.

### Section 1 – Student Information

- Under student name – Write your name as “Last Name, First & Name(s)”
- Use the email address you will check often during your STEM OPT duration
- Type “**Bellevue University**” under “Name of School recommending STEM OPT” and “Name of School where STEM Degree was Earned”
- **BU’s SEVIS School Code** is: **OMA214F00356000**
- **Designated School Official** should be the DSO that recommends your STEM OPT. You may need to wait until after meeting with a DSO at BU before completing this field
- **STEM OPT Requested Dates:**
  - From: Should be the day after your current post-completion OPT expires
  - To: Not to exceed 24 months from the current OPT expiration date
- **Qualifying Major and CIP Code:**
  - Include the full major name and you can find the CIP code listed next to the major on the I-20
- **Level/Type of Qualifying Degree:** Bachelor’s, Master’s, Ph.D.
- **Date Awarded:** Enter the date you conferred your degree (or the anticipated completion date, if not yet awarded)
- **Based on Prior Degree?:** Check “Yes” ONLY if your request is based on a prior STEM degree for which your current OPT is NOT based.
- **Employment Authorization Number:** Enter the USCIS number found on your current EAD card

### Section 2 – Student Certification

- Your signature **CANNOT** be an electronic signature

### Section 3 – Employer Information

- **Must be completed ONLY by your employer**
- **Employer Website URL:** If no website, write “N/A”
- **North American Industry Classification System Code:** Code can be found at: <http://www.census.gov/eos/www/naics/index.html>. Go to Downloads/Reference Files/Tools>2012 NAICS
- **Start of Employment:**
  - If applying for STEM, enter the day **after** your 12-month OPT ends.

- If you are changing employers *during* your STEM OPT extension, enter the actual start date with the new employer
- **All signatures CANNOT be electronic signatures**

#### **Section 4 – Employer Certification**

- Employer signature **CANNOT be an electronic signature**

#### **Section 5 – Training Plan for STEM OPT Students**

- **This section should be completed by both the student and the employer**
- **Employer Name:** The employer who signs the Training Plan must be the same entity that employs the student and provides practical training experience (per DHS Docket No. ICEB-2015-0002). **Enter the employer’s name as it appears in “Section 3: Employer Information.”**
- **Site Name & Site Address:** Enter the employer’s site name and address, which may be the same as employer name in Section 3. If the student is working for a branch/subsidiary, or anywhere other than the headquarters, provide the name of this work site.
- **Name of Official:** Per SEVP guidance, the official listed in Section 5 will be recorded as student’s supervisor in SEVIS database
- **Student Role:** Describe in DETAIL what assignments the student will carry out during training AND how these relate to the student’s STEM degree.
- **Goals and Objectives:** These goals should be specific tasks that you hope to complete. They should be measurable because your self-evaluations will reflect how successfully you have completed these goals. Think of them in terms of S.M.A.R.T. (often defined as Specific, Measurable, Achievable, Realistic, and Time-bound) goals.
  - **Example Format (summarize each goal in one sentence):**
    - Goal 1: (List specific knowledge, skills or techniques to be learned)
      - How and when this will be achieved (provide a timeline)
    - Goal 2: (List specific knowledge, skills or techniques to be learned)
      - How and when this will be achieved (provide a timeline)
    - Goal 3: (List specific knowledge, skills or techniques to be learned)
      - How and when this will be achieved (provide a timeline)
- **Employer Oversight:** Explain in detail how student will be supervised and what oversight the employer will provide
- **Measures and Assessments:** Explain in detail how the employer will evaluate the student and confirm the student is gaining new knowledge and skills.

#### **Section 6 – Employer Official Certification**

- Employer Official signature **CANNOT be an electronic signature**

**Do NOT complete page 5**