

The student together with his or her direct supervisor should complete Form OIS983. This form is required to obtain the Official Employer Certification Signature on Form I-983 Training Plan for STEM OPT Students. This OIS983 must be submitted with a **minimum of 4 weeks** before Form I-983 is due to your Designated School Official (DSO). Submit the completed form to the Office of Immigration Services at the appropriate campus. For Norman campus employment, send it to Megumi Wilson (megumi.wilson@ou.edu, 339 W. Boyd St, Suite 223, Norman, OK 73019, 405-325-4010). For HSC employment, send the form to Adam Telfer (Adam-Telfer@ouhsc.edu, 1122 NE 13th St, Room TB038, Oklahoma City, OK 73117, 405-271-2189). It is the sole responsibility of the student to submit the OIS983 and I-983 to the DSO in a timely manner.

Date: \_\_\_\_\_

**PART 1 - IDENTIFICATION**

**SECTION A: STUDENT AND DSO INFORMATION**

Student Name		Student Email	Student Phone Number
DSO Contact Name		Email of DSO Contact	DSO Contact's Phone Number
Name of School where STEM Degree Obtained	Level/Type of Qualifying Degree	STEM OPT Requested Period (mm - dd - yyyy)	
Name of School Recommending STEM OPT	Date Degree Awarded	From: _____ To: _____	

**PART 2 - EMPLOYMENT OPPORTUNITY**

**SECTION B: EMPLOYING DEPT & POSITION DETAILS**

Employing Department Name		Department Address	Student Work Site Address
Start Date of Employment	OPT Hours Worked Per Week	University Position Title	Salary Amount: \$ _____ Frequency: _____
Name & Title of Direct Supervisor		Phone of Direct Supervisor	Other compensation:

**SECTION C: TRAINING PLAN (STUDENT COMPLETES)**

**Student Role:** Describe the ways in which the student's qualifying STEM degree will be practically applied to the optical training opportunity offered by the employer. (Please show how your degree is related to your OPT training/employment at OU.)

**Goals and Objectives:** Describe how the assignment(s) and duties with the employer will help the student (you) achieve his or her specific objectives for work-based learning related to his or her STEM degree. Include specific goals and the knowledge, skills, or techniques to be attained and the means by which they will be achieved.



**SECTION C: TRAINING PLAN CONT'D (STUDENT COMPLETES)**

**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.

**PART 3 – EMPLOYER CERTIFICATION**

**SECTION A: SUPERVISOR ATTESTATION**

**Direct Supervisor Initials:** I have reviewed and understand this Plan, and I will ensure that I, the Direct Supervisor (as set forth in Part 2), follows this Plan.

**SECTION B: NOTIFICATION OF MATERIAL CHANGES**

**Direct Supervisor Initials:** I will notify OIS at the earliest available opportunity regarding any material changes to or material deviations from this Plan, including but not limited to, change in supervisor, number of work hours, salary, physical work location, or job title.

**SECTION C: NOTIFICATION OF TERMINATION OR DEPARTURE**

**Direct Supervisor Initials:** I will report the termination or departure of the student during the authorized period of OPT to OIS, within 48 hours of the termination or departure (note: 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.

**SECTION D: UNDERSTANDING REGULATORY PROVISIONS (SEE 8 CFR PART 214)**

*I will adhere to all applicable regulatory provisions that govern this program, which include, but are not limited to, the following:*

- *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, and;*
- *The student will receive on-site supervision, mentoring and training, consistent with the Plan, by experienced and knowledgeable staff, and;*
- *The employer has sufficient resources and personnel to provide the specified mentoring and 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, and;*
- *The student's practical training opportunity will NOT result in the termination, lay-off, or furlough of any full or part-time, temporary or permanent U.S. workers, and;*
- *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 that areas of employment, and;*
- *The training conducted pursuant to this plan complies with all applicable Federal and State requirements relating to employment.*

**SECTION E: U.S. DEPT OF HOMELAND SECURITY (DHS) POTENTIAL SITE VISIT ACKNOWLEDGEMENT**

**Direct Supervisor Initials:** I understand that DHS may, at its discretion, conduct a site visit of the employer to ensure it possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this plan.

**SECTION F: EMPLOYING DEPARTMENT SIGNATURES**

*I certify, under penalty of perjury that I have read and reviewed this requests and that to the best of my knowledge the information contained herein is true and accurate. I agree to, and will abide by, the above terms for the duration of the Students' STEM OPT opportunity. I understand that to knowingly furnish false information in the preparation of Form I-983 and any supplement hereto or to aid, abet, or counsel another to do so is a feral offense.*

**Direct Supervisor** \_\_\_\_\_ **Name in Print** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Department Chair** \_\_\_\_\_ **Name in Print** \_\_\_\_\_ **Date** \_\_\_\_\_

