



The student together with his or her direct supervisor should complete Form OIS983E. This form is required to obtain the Official Employer Certification Signature on Form I-983 Evaluation on Student Progress. This OIS983E must be submitted with a minimum of 2 weeks before it is due to the **Designated School Official (DSO)**. A copy of the student's I-20 endorsed for **STEM OPT Extension must be submitted with Part 2A—INITIAL EVALUATION**. For Norman campus employment, send it to Megumi Wilson (megumi.wilson@ou.edu, 339 W. Boyd St, Suite 223, Norman, OK 73019, Phone: 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; Phone: 405-271-2189). It is the sole responsibility of the student to submit the OIS983E and I-983 to the DSO in a timely manner.

**DATE: \_\_\_\_\_ PART 1 – IDENTIFICATION & CONTACT INFORMATION**

Student Name		Employer Department Name	
Direct Supervisor's Name	Direct Supervisor's Phone	Student's Phone	

**PART 2A – INITIAL EVALUATION**

**EVALUATION ON STUDENT PROGRESS**

PROVIDE A SELF-EVALUATION OF YOUR PERFORMANCE, USING THE MEASURES PREVIOUSLY IDENTIFIED, IN APPLYING AND ACQUIRING NEW KNOWLEDGE, SKILLS, AND COMPETENCIES IDENTIFIED IN THE TRAINING PLAN FOR **SCIENCE, TECHNOLOGY, ENGINEERING, AND TECHNOLOGY (STEM) OPTICAL PRACTICAL TRAINING (OPT) STUDENTS**. DISCUSS ACCOMPLISHMENTS, SUCCESSFUL PROJECTS, OVERALL CONTRIBUTIONS, ETC., DURING THE REVIEW PERIOD. ADDRESS WHETHER THERE ARE ANY MODIFICATIONS TO THE OBJECTIVES AND GOALS FOR PROJECTS, OR NEW AREAS FOR SKILL AND COMPETENCY DEVELOPMENT.

Range of Evaluation Dates: (mm-dd-yyyy): From: \_\_\_\_\_ to \_\_\_\_\_

Blank area for evaluation text.

**PART 3A – SIGNATURE**

*I certify, under penalty of perjury that I have read and reviewed this request 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 Student's STEM OPT opportunity. I understand that to knowingly furnish false information in the preparation of the Form I-983 and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense.*

Direct Supervisor \_\_\_\_\_ Name in Print \_\_\_\_\_ Date \_\_\_\_\_  
 Student \_\_\_\_\_ Name in Print \_\_\_\_\_ Date \_\_\_\_\_

**PART 2B – FINAL EVALUATION**

**FINAL EVALUATION ON STUDENT PROGRESS**

PROVIDE A SELF-EVALUATION OF YOUR PERFORMANCE, USING THE MEASURES PREVIOUSLY IDENTIFIED, IN APPLYING AND ACQUIRING NEW KNOWLEDGE, SKILLS, AND COMPETENCIES IDENTIFIED IN THE TRAINING PLAN FOR **STEM OPT STUDENTS**. DISCUSS ACCOMPLISHMENTS, SUCCESSFUL PROJECTS, OVERALL CONTRIBUTIONS, ETC., DURING THE REVIEW PERIOD. ADDRESS WHETHER THERE ARE ANY MODIFICATIONS TO THE OBJECTIVES AND GOALS FOR PROJECTS, OR NEW AREAS FOR SKILL AND COMPETENCY DEVELOPMENT.

Range of Evaluation Dates: (mm-dd-yyyy): From: \_\_\_\_\_ to \_\_\_\_\_

Blank area for evaluation text.

**PART 3B – SIGNATURE**

*I certify, under penalty of perjury that I have read and reviewed this request 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 Student's STEM OPT opportunity. I understand that to knowingly furnish false information in the preparation of the Form I-983 and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense.*

Direct Supervisor \_\_\_\_\_ Name in Print \_\_\_\_\_ Date \_\_\_\_\_  
 Student \_\_\_\_\_ Name in Print \_\_\_\_\_ Date \_\_\_\_\_

