Instructions for Form I-983: ISU Employer

Section 1: Student Information (Completed by Student)

Student Name:
Enter your full name just as it appears on your Form I-20

Student E-mail Address:
Enter your e-mail address where you can be contacted

Name of School Recommending STEM OPT:
Enter school name as it appears on Form I-20 (see “School Information” section)

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:
Iowa State University’s F-1 School Code is OMA214F00163000

DSO Name and Contact Information:
Advisor’s Name (See below)
International Students and Scholars Office
2229 Lincoln Way, 3248 Memorial Union
Ames, Iowa 50014
issos@iastate.edu

Advisors, by college: Ashley Huth: College of Design
College of Veterinary Medicine
Interdepartmental Majors

Jessica Fincham: Engineering (except ME, CE, E CPE, EE)

Katherine Lundberg: Mechanical Engineering
Computer Engineering
Electrical Computer Engineering
Electrical Engineering

Elliot Uhl: College of Business
College of Human Sciences
College of Agriculture and Life Sciences

Teresa Witcher: Liberal Arts and Sciences

Student SEVIS ID Number:
Enter your SEVIS identification number found at the top of Form I-20 (number begins with N)

STEM OPT Requested Period:
Enter the start date as the day after the end of your 12-month post completion EAD end date. Enter the end date as 24 months from the previously described start date.
Qualifying Major and Classification of Instructional Programs (CIP) Code:
Enter the STEM qualifying major name as well as CIP code found on Form I-20

Level/Type of Qualifying Degree:
Enter the qualifying level for which you are basing STEM OPT (Bachelors, Master’s, or Doctorate)

Date Awarded:
Enter the date when you completed (or expect to complete) the degree in mm-dd-yyyy format

Based on Prior Degree?:
Check “yes” if STEM OPT is based on a previously-obtained STEM degree earned in past 10 years from a U.S. accredited institution
Check “no” if STEM OPT is based on most recently earned STEM degree, which your current period of post-completion OPT is based

Employment Authorization Number:
Enter the USCIS number found on your EAD card

Section 2: Student Certification (Completed by Student)

Student Certification:
Upon careful review of each item, affirm the statements by signing on the line, printing your name below, and entering today’s date in mm-dd-yyyy format

Section 3: Employer Information (Completed by Employer)

Employer Name:
Enter Iowa State University – specific department. For example, Iowa State University – Mechanical Engineering Department.

Street Address, Suite, City, State, Zip Code:
Enter the Department’s mailing address

Employer Website URL:
Enter specific department or lab website link

Employer ID Number (EIN):
Enter Iowa State University’s EIN: 42-6004224

Number of Full-Time Employees in the United States:
Enter Iowa State University’s total number of employees as: 6,505.

North American Industry Classification System (NAICS) Code:
611310 - This code is used by federal statistical agencies to classify business establishments for the purpose of collecting, analyzing and publishing statistical data related to the U.S. business economy.

OPT Training Hours Per Week:
Enter the average number of working hours per week as agreed upon by company/employer. Employment must be a minimum of 20 hours per week to qualify for STEM OPT.
**Start Date of Employment:**
Enter the date the student started STEM OPT employment with this company/employer (must be after end date on post-completion OPT EAD)

**Compensation:**
Enter the salary, stipend, or other compensation in U.S. dollars 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 OPT opportunity must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work a minimum of 20 hours per week while employed.

**Section 4: Employer Certification** *(Completed by Employer)*

This section may be completed by your direct supervisor, department chair, or administrative assistant who is familiar with your goals and performance, and is an employee with signatory authority.

Employer Certification: Upon careful review of each item, the direct supervisor must affirm the statements by signing on the line, printing their name below, and entering today’s date in mm-dd-yyyy format

Note: The Employer Certification, Section 4 (d) 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)*

This section must be completed by your direct supervisor who is familiar with your goals and performance, and is an employee with signatory authority.

**Student Name:**
Enter the student’s full name as it appears on the Form I-20

**Employer Name:**
Enter the employer’s name, as it appears in “Section 3: Employer Information.”

**Site Name:**
Enter Iowa State University – specific department. For example, Iowa State University – Department of Statistics

**Site Address:**
Enter the exact address where the STEM OPT training will take place
Name of Official:
Enter the name of the direct supervisor

Official’s Title:
Enter the title of the direct supervisor

Official’s Phone Number:
Enter the phone number of the direct supervisor

Student Role:
Describe the tasks and assignments that will be carried out during the STEM OPT training period and how these assignments relate to the STEM major. The plan must detail a 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 their training; and the training curriculum including the timeline

Employer Oversight:
Explain how the employer provides oversight and supervision to the 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 the student is 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:
Add additional relevant information

Section 6: Employer Official Certification (Completed by Employer)
This section must be completed by your direct supervisor who is familiar with your goals and performance, and is an employee with signatory authority.

Certification of Official with Signatory Authority:
Upon careful review of each item, the direct supervisor must affirm the statements by signing on the line, printing their name below, and entering today’s date in mm-dd-yyyy format

Evaluation of Student Progress (Completed by Student and Employer)
The “Evaluation of Student Progress” sections must be left blank upon initial submission.

Student will submit the “Evaluation of Student Progress” within the first 12 months of the STEM OPT extension period. The “Final Evaluation of Student Progress” will be submitted upon completion of the STEM OPT extension period or completion of employment, whichever comes first.

Student evaluations are a shared responsibility of both the student and employer to ensure that the student’s practical training goals are being satisfactorily met. The student is responsible for completing a self-evaluation based on their training progress.
**Range of Evaluation Dates:**
Enter the range of the student evaluation dates in mm-dd-yyyy format. These dates must reflect the timeline for which the evaluation is relevant.

**Signature of Student:**
The student must sign, print name, and enter the date in mm-dd-yyyy format.

**Signature of Employer Official with Signatory Authority:**
The direct supervisor who completed “Section 5: Training Plan for STEM OPT Students” and “Section 6: Employer Official Certification” of the original I-983 must review and sign the self-evaluation to attest to its accuracy.

For more Information on Form I-983 on how to complete Form I-983, please see this interactive guide by Study in the States: [https://studyinthestates.dhs.gov/form-i-983-overview](https://studyinthestates.dhs.gov/form-i-983-overview)