

should be where you are physically working and may be different from the company's main address.

Last Name(s), First Name(s)

TRAINING PLAN FOR OPT STUDENTS

Section 1: Personal Information

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Degree: _____

Section 2: Student Certification

I, the undersigned, certify that the information provided above is true and correct to the best of my knowledge. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the OPT if I am not complying with this Plan.

Signature of Student: _____
Printed Name of Student: _____

Date (mm-dd-yyyy): ____/____/____

Ensure that employer name is identical to the one included on



Input the first day with the company on the STEM period



SECTION 4- EMPLOYER CERTIFICATION
I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:

1. I have read and understand the content of the plan and the responsibilities of the employer...

2. The employer has the resources to provide the training...

3. The employer has the resources to provide the training...

Signature of Employer
Title of Employer

"Title of Employer" must be included with the printed name of your employer



Your employers should provide you with these details.

cannot be a typed font. SEVP accepts the

Last Name(s), First Name(s)
Example: Smith, Robert
(Should match passport)



This is the business name of
u 0 14st Nam.99 144.86 33.744

Additional Remarks (optional): Provide additional information pertinent to the Plan.

SECTION 6: EMPLOYER OFFICIAL CERTIFICATION

"Title of Employer" must be included with the printed name of your employer

cannot be a typed font. SEVP accepts the following signature formats: Physical/Wet Signature, Electronic signatures using software programs or applications, Electronically reproduced copies of an original signature.

should be included
but remain for now.
(You will use it later for
STEM validations and
reporting end of
employment).

EVALUATION ON STUDENT PROGRESS

Signature of Student

Signature of Employer Official with Signatory Authority

Range of evaluation dates: From (mm-dd-yyyy) To (mm-dd-yyyy)

Signature of Student

Signature of Employer Official with Signatory Authority

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EVALUATION ON STUDENT PROGRESS

Provide post-employment of your student

Signature of Student

Signature of Employer Official with Signatory Authority

Range of evaluation dates: From (mm-dd-yyyy) To (mm-dd-yyyy)

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