

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)

Employer Name:	Street Address:		
	City:	State:	ZIP Code:
	North American Industry Classification System (NAICS) Code:		
	Compensation:		
Start Date of Employment (mm-dd-yyyy):	A. Salary Amount and Frequency: _____		
↑	B. Other Compensation (Type and Estimated Amount or Value):		
	1. _____		
	2. _____		
	3. _____		
	4. _____		

SECTION 4: EMPLOYER CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

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

1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant decrease in hours per week that a student engages in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;
3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (Note: business days do not include federal holidays or weekend days per 8 CFR 214.2(f)(3)(ii) and 8 CFR 214.2(f)(3)(iii)).

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

SECTION 6: EMPLOYER OFFICIAL CERTIFICATION

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge,

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 this 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: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____



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Printed Name of Student: z}μE E u Date (mm-dd-yyyy): DDr rzzzz

Signature of Employer Official with Signatory Authority: _____ ^}Pv šμE v v }vIU o šE}v] }E }P]š o •}Pv šμE X
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Printed Name of Employer Official with Signatory Authority: WE}všu E(u%o}Ç E K(} }o Date (mm-dd-yyyy): DDr rzzzz

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 this 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: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

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Signature of Student: _____ ^}Pv šμE v v }vIU o šE}vK E Eš Ç}μE }Pv }Pv Eš μE }E μ• μE•}Á (}vš X

Printed Name of Student: z}μE E u Date (mm-dd-yyyy): DDr rzzzz

Signature of Employer Official with Signatory Authority: _____ ^}Pv šμE v v }vIU o šE}v] }E }P]š o •}Pv šμE X
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Printed Name of Employer Official with Signatory Authority: WE}všu } (u%o}Ç E K(} }o Date (mm-dd-yyyy): DDr rzzzz