



Form I-983 Training Plan – Completion Guide

Purpose of the Guide

ISSS created this guide to provide STEM Eligible F-1 students and their prospective employers an overview of common issues encountered when completing the Form I-983.

Following this guide alone does not mean your Form I-983 is complete or accurate. Please review [the Study in States website](#) and the [Form I-983 Instructions](#) for the complete details.

Last Updated: 3/24/2025

Page 1

F-1 Student and School Information

Form Type and Contact Information

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 5/31/2025

TRAINING PLAN FOR STEM OPT STUDENTS

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

SECTION 1: STUDENT INFORMATION (Completed by Student)		
Student Name (Surname/Primary Name, Given Name): <input type="text"/>		Student Email Address: <input type="text"/>
Name of School Recommending STEM OPT: <input type="text"/>	Name of School Where STEM Degree Was Earned: <input type="text"/>	SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix): <input type="text"/>
Designated School Official (DSO) Name and Contact Information: <input type="text"/>	Student SEVIS ID No.: <input type="text"/>	STEM OPT Requested Period (mm-dd-yyyy): From: <input type="text"/> To: <input type="text"/>

- Please make sure you are using the correct form of the Form I-983. The current expiration date is 05/31/2025.
- Please enter your name in the Last Name, First Name order as it appears on your I-20.

School Names

Name of School Recommending STEM OPT:	Name of School Where STEM Degree Was Earned:
University of Colorado Denver	University of Colorado Denver

In the Name of School Recommending STEM OPT box, please enter the name of our institution as it appears above.

- If you are using your CU Denver | Anschutz degree, please enter University of Colorado Denver here as well.
- If you are applying for STEM OPT based on a prior degree, please enter the name of the school where you earned the STEM-eligible degree as it appears on the relevant I-20.

SEVIS School Code

SEVIS School Code of School Recommending STEM OPT (including 3-digit suffix):

In the SEVIS School box, please enter the code that begins with **DEN** from the **School Information** section on page 1 on your I-20.

DSO Contact Information

Designated School Official (DSO) Name and Contact Information:

Please enter the contact information of a current CU Denver | Anschutz Medical Campus International Student Services Specialist.

Please enter at least their full name, university email address, and university phone number. If you include a physical address, please use [the Lawrence Street address](#).

- Jaron Hightower-Mills, 303-315-8989, jaron.hightower-mills@ucdenver.edu
- Maria José Luna, 303-315-8989; Maria.J.Luna@ucdenver.edu
- Jingxuan Mo, 303-315-8989, Jingxuan.mo@ucdenver.edu

SEVIS Number and STEM OPT Dates



- Please enter the SEVIS Number from your most recent CU Denver|AMC I-20.
- For the STEM Request Period Dates:
 - The From Date should be the day after your Post-Completion OPT End Date.
 - The To Date should be two years from your Post-Completion End date.

Student SEVIS ID No.:	STEM OPT Requested Period (mm-dd-yyyy):
N0004720633	From: 07/09/2022
	To: 07/08/2024

STEM Degree and OPT Information

- Please enter the Number and Description of Your STEM Eligible Program from the Program of Study Section of Your I-20 on Qualifying Major and CIP Code line

PROGRAM OF STUDY

EDUCATION LEVEL

MASTER'S

MAJOR 1

Computer and Information Sciences,
General 11.0101

MAJOR 2

None 00.0000

Qualifying Major and Classification of Instructional Programs (CIP) Code: 11.0101 - Computer and Information Sciences

Level/Type of Qualifying Degree: Master's

Date Awarded (mm-dd-yyyy): 05/15/2021

Based on Prior Degree? ☐ Yes ☒ No

STEM Degree and OPT Information



- If you are using your CU Denver|AMC degree to apply from STEM OPT, answer No to Based on Prior Degree.

Qualifying Major and Classification of Instructional Programs (CIP) Code: 11.0101 - Computer and Information Sciences

Level/Type of Qualifying Degree: Master's

Date Awarded (mm-dd-yyyy): 05/15/2021

Based on Prior Degree? ☐ Yes ☒ No

STEM Degree and OPT Information



- For the Employment Authorization Number, please enter the USCIS Number on your OPT EAD Card.

Employment Authorization Number: 000-000-701

Student Signature

SECTION 2: STUDENT 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 that:	
<ol style="list-style-type: none">1. I have reviewed, understand, and will adhere to this Training Plan for STEM OPT Students ("Plan");2. I will notify the DSO at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan;3. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the STEM OPT of students whom DHS determines are not engaging in OPT in compliance with the law, including the STEM OPT of students who are not, or whose employers are not, complying with this Plan;4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and5. I will notify the DSO at the earliest available opportunity regarding any material changes to or deviations from this Plan, including but not limited to, any change of Employer Identification Number resulting from a corporate restructuring, any nontrivial 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 I engage in a STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule.	
Signature of Student (Sign in ink):	<u>Milo The Lynx</u>
Printed Name of Student:	<u>Milo The Lynx</u> Date (mm-dd-yyyy): <u>06/09/2022</u>

Please make sure to sign, type your name, and date page 1.

Page 2

Employer Information

Employer Information

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employer Name: University of Colorado Denver		Street Address: 1380 Lawrence Street	Suite: 1400
Employer Website URL: https://www.ucdenver.edu/		City: Denver	State: CO ZIP Code: 80204
Employer ID Number (EIN): 84-6000555	Number of Full-Time Employees in U.S.: 12,813	North American Industry Classification System (NAICS) Code: 611310	
OPT Hours Per Week (must be at least 20 hours/week): 40.00	Compensation: A. Salary Amount and Frequency: \$50,000 per year		
Start Date of Employment (mm-dd-yyyy): 07/09/2022	B. Other Compensation (Type and Estimated Amount or Value): 1. 2.		

- Every field in Section 3 needs to be addressed.
- If the company does not know its NAICS Code, they can visit <https://www.census.gov/naics/>.
- The Start Date of Employment should be your first day working in the position while on STEM OPT.

Employer Information

SECTION 3: EMPLOYER INFORMATION (Completed by Employer)			
Employer Name: University of Colorado Denver		Street Address: 1380 Lawrence Street	Suite: 1400
Employer Website URL: https://www.ucdenver.edu/		City: Denver	State: CO ZIP Code: 80204
Employer ID Number (EIN): 84-6000555	Number of Full-Time Employees in U.S.: 12,813	North American Industry Classification System (NAICS) Code: 611310	
OPT Hours Per Week (must be at least 20 hours/week): 40.00	Compensation: A. Salary Amount and Frequency: \$50,000 per year		
Start Date of Employment (mm-dd-yyyy): 07/09/2022	B. Other Compensation (Type and Estimated Amount or Value): 1. 2.		

Section 3 Address

- If your employer has more than one location, the headquarters or primary location address should be listed in Section 3 on page 2.

Employer Certification

Signature of Employer Official with Signatory Authority (Sign in ink):	<u>Lucida Falls</u>		
Printed Name and Title of Employer Official with Signatory Authority:	<u>Lucida Falls, Director of Operations</u>		
Date (mm-dd-yyyy):	<u>06/09/2022</u>	Printed Name of Employing Organization:	<u>University of Colorado Denver</u>

- Someone from your organization who can certify your employment needs to sign this page.
- Please make sure they also type **their name and job title** below their signature.
- They also need to provide the signature date and type the organization's name.

Page 3

Work Site Information

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name): The Lynx, Milo	
Employer Name: University of Colorado Denver	
EMPLOYER SITE INFORMATION	
Site Name: Lawrence Street Center	Site Address (Street, City, State, ZIP): 1380 Lawrence ST, 13th Fl. Denver, CO 80204
Name of Official: Lucida Falls	Official's Title: Director of Operations
Official's Email: lucida.falls@ucdenver.edu	Official's Phone Number: +1 (303) 724-4357

- In the Employer Site Information, you and your employer should provide the address where you are or will be working. If you are working at the company's headquarters or primary location, this can be the same as the address on page 2. **If you are working remotely, it should be your home address where you perform the work.**

Work Site Information

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name): The Lynx, Milo	
Employer Name: University of Colorado Denver	
EMPLOYER SITE INFORMATION	
Site Name: Lawrence Street Center	Site Address (Street, City, State, ZIP): 1380 Lawrence ST, 13th Fl. Denver, CO 80204
Name of Official: Lucida Falls	Official's Title: Director of Operations
Official's Email: lucida.falls@ucdenver.edu	Official's Phone Number: +1 (303) 724-4357

- An employer official who will be responsible for supervising your STEM OPT Employment and developing your Training Plan should provide **their name, job title, and contact information** here.

Page 4

Training Plan Signature

Training Plan Signature

Signature of Employer Official with Signatory Authority (Sign in ink):	<u>Lucida Falls</u>
Printed Name and Title of Employer Official with Signatory Authority:	<u>Lucida Falls, Director of Operations</u>
Date (mm-dd-yyyy):	<u>06/09/2022</u>

- Someone from your organization who can certify your employment needs to sign this page.
- Please make sure they also type **their name and job title** below their signature.
- Typically, this is the same person that signed on page 2, but this is not required.