Form I-983
Training Plan – Completion Guide
Purpose of the Guide

The purpose of the guide is 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 complete details.

Last Updated: 01/12/2022
Form Type and Contact Information

• Please make sure you are using the correct form of the Form I-983. The current expiration date is 07/31/2021.

• Please enter your name in Last Name, First Name order as it appears on your I-20.
## School Names

<table>
<thead>
<tr>
<th>Name of School Recommending STEM OPT:</th>
<th>Name of School Where STEM Degree Was Earned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Colorado Denver</td>
<td>University of Colorado Denver</td>
</tr>
</tbody>
</table>

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

- 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 school where you earned the STEM eligible degree.
In the SEVIS School box, please the code the begins with **DEN** from the **School Information** section on page 1 on your I-20.
DSO Contact Information

Please enter the contact information of the International Services Specialist assigned to your school or college:

- College of Architecture and Planning; College of Engineering, Computing, and Design; School of Medicine; School of Pharmacy; College of Nursing
  - Jaron Hightower-Mills, 303-315-2242, jaron.hightower-mills@ucdenver.edu

- College of Arts & Media; School of Business; School of Public Affairs
  - Maria José Luna, 303-315-2230; Maria.J.Luna@ucdenver.edu
DSO Contact Information

Please enter the contact information of the International Services Specialist assigned to your school or college:

• College of Liberal Arts; School of Education & Human Development; Graduate School Programs at the Anschutz Medical Campus
  • Jingxuan Mo, 303-315-2230, Jingxuan.mo@ucdenver.edu

• School of Dental Medicine
  • Svetlana V. Morozova, 80204, 303-724-3967; Svetlana.Morozova@ucdenver.edu
SEVIS Number and STEM OPT Dates

• Please enter the SEVIS Number from your most recent CU Denver|Anschutz 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 a two years from your Post-Completion end date.

<table>
<thead>
<tr>
<th>Student SEVIS ID No.: N0004720633</th>
<th>STEM OPT Requested Period (mm-dd-yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From: 07/09/2022</td>
</tr>
</tbody>
</table>
|                                   | 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

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
• If you are using your CU Denver|Anschutz 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?  ☒ 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
### 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:

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; and
5. 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 non-trivial reduction in compensation from the amount previously submitted on the Plan that is not tied to a reduction in hours worked, any significant increase 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): **Milo The Lynx**

Printed Name of Student: **Milo The Lynx**  
Date (mm-dd-yyyy): **06/09/2022**

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

- 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 STEM OPT.
### Employer Information

**SECTION 3: EMPLOYER INFORMATION**

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>University of Colorado Denver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Website URL:</td>
<td><a href="https://www.ucdenver.edu/">https://www.ucdenver.edu/</a></td>
</tr>
<tr>
<td>Employer ID Number (EIN):</td>
<td>84-6000555</td>
</tr>
<tr>
<td>OPT Hours Per Week (must be at least 20 hours/week):</td>
<td>40.00</td>
</tr>
<tr>
<td>Start Date of Employment (mm-dd-yyyy):</td>
<td>07/09/2022</td>
</tr>
<tr>
<td>Street Address:</td>
<td>1380 Lawrence Street</td>
</tr>
<tr>
<td>City:</td>
<td>Denver</td>
</tr>
<tr>
<td>State:</td>
<td>CO</td>
</tr>
<tr>
<td>ZIP Code:</td>
<td>80204</td>
</tr>
<tr>
<td>Number of Full-Time Employees in U.S.:</td>
<td>12,813</td>
</tr>
<tr>
<td>North American Industry Classification System (NAICS) Code:</td>
<td>611310</td>
</tr>
<tr>
<td>Compensation:</td>
<td></td>
</tr>
<tr>
<td>A. Salary Amount and Frequency:</td>
<td>$50,000 per year</td>
</tr>
<tr>
<td>B. Other Compensation (Type and Estimated Amount or Value):</td>
<td></td>
</tr>
</tbody>
</table>

### 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

• Someone from your organization who can certify your employment needs to sign this page.

• Please make sure they also type their name and title below their signature.

• They also need to provide the signature date and type the organization’s name.
• In the Employer Site Information, you and your employer should provide the address where you are working. If you are working at the company’s headquarters or primary location, this can be the same as the address on page 2.
An employer official who will be responsible for supervising your STEM OPT Employment and developing your Training Plan should provide their name, title, and contact information here.
### Training Plan Signature

<table>
<thead>
<tr>
<th>Signature of Employer Official with Signatory Authority (Sign in Ink):</th>
<th>Lucida Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name and Title of Employer Official with Signatory Authority:</td>
<td>Lucida Falls, Director of Operations</td>
</tr>
<tr>
<td>Date (mm-dd-yyyy):</td>
<td>06/09/2022</td>
</tr>
</tbody>
</table>

- Someone from your organization who can certify your employment needs to sign this page.
- Please make sure they also type their name and title below their signature.