

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

STEM MENTORING AND TRAINING PLAN

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

OMB APPROVAL NO. 1653-XXXX
EXPIRATION DATE: XX-XX-XXXX

SECTION 1: STUDENT INFORMATION		
Student Name (<i>Surname/Family Name, Given Name</i>)	Student Email Address	
School Name and Campus Name	School Code (including 3-digit suffix)	
Designated School Official (DSO) Name and Contact Information	SEVIS ID No.	STEM OPT Requested Period (<i>mm-dd-yyyy</i>) From: _____ To: _____
Qualifying Major and Classification of Instructional Programs (CIP) Code		
Level/Type of Qualifying Degree _____	Date Awarded (<i>mm-dd-yyyy</i>) _____	
Based on most recently Obtained Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Authorization No. _____	

SECTION 2: STUDENT CERTIFICATION
<p>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. 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.</p>
<p>Student - I certify that:</p> <ol style="list-style-type: none"> 1. I have reviewed, understand, and will adhere to this STEM OPT Extension Mentoring and Training Plan ("Plan"); 2. I will notify the DSO at the earliest possible opportunity if I believe that my employer or supervisor (as set forth in section 4) is not providing me with appropriate mentorship and training as delineated on this Plan; 3. I understand that 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; and 4. I certify that my practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension.
<p>Printed Name of Student _____ Date (<i>mm-dd-yyyy</i>) _____</p> <p>Signature of Student _____</p>

SECTION 3: EMPLOYER INFORMATION				
Employer Name		Mailing Address		Suite
Employer Website URL		City	State	ZIP Code
Employer ID Number (EIN)	Number of Full-Time Employees	North American Industry Classification System (NAICS) Code		
Employer's E-Verify Company ID Number		Is Employer Classified as a Small Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OPT Hours Per Week (must be at least 20 hours/week):	Compensation			
Start Date of Employment: (mm-dd-yyyy) _____	A. Salary Amount and Frequency _____			
	B. Other Compensation (Type and Amount):			
	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. 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.

Employer Official with Signatory Authority - I certify on behalf of the employer that this STEM OPT Extension Mentoring and Training Plan ("Plan") is approved and that:

1. I have reviewed and understand this Plan, and I will ensure that the supervisor (*as set forth in section 5*) follows this Plan;
2. I will notify the DSO at the earliest available opportunity regarding any material changes to or material deviations from this Plan, including, but not limited to, a change in supervisor;
3. I will report the termination or departure of the Student during the authorized period of OPT to the DSO, or through any other means or process identified by DHS, within 48 hours of the termination or departure (*note: an employer shall consider a student to have departed when the employer knows the Student has left the practical training opportunity, or when the Student has not reported for practical training for a period of five consecutive business days without the consent of the employer*);
4. I will adhere to all applicable regulatory provisions that govern this program (*see 8 CFR Part 214*), which include, but are not limited to, the following:
 - a. The Student's practical training opportunity is directly related to the STEM degree that qualifies the Student for the STEM OPT extension, and the position offered to the Student achieves the objectives of his or her participation in this training program;
 - b. The Student will receive on-site supervision, mentoring and training, consistent with this Plan, by experienced and knowledgeable staff;
 - c. The employer has sufficient resources and personnel to provide the specified mentoring and training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
 - d. The Student will not displace full or part-time, temporary or permanent U.S. workers.
 - e. 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, the terms and conditions of other similarly situated U.S. workers; and
 - f. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

Note: DHS may, at its discretion, conduct a site visit of the employer to ensure it possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this plan.

Signature of Official with Signatory Authority _____

Printed Name and Title of Official with Signatory Authority _____

Date (mm-dd-yyyy) _____ Printed Name of Employing Organization _____

SECTION 5: STEM OPT EXTENSION MENTORING AND TRAINING PLAN

Student Name (Surname/Primary Name, Given Name)

Employer Name

EMPLOYER SITE INFORMATION

Site Name

Site Address (Street, City, State, ZIP)

Training Field

Supervisor

Supervisor Title

Supervisor Email

Supervisor Phone Number

Describe the Student's role in this program and the program's direct relationship to the Student's qualifying STEM degree.

Describe the specific goals and objectives for this program, as well as a detailed explanation as to the means by which these goals will be achieved.

What are the supervisor's qualifications to provide this supervision or training? How often and in what capacity will he or she directly supervise or train the Student? In addition, list the names and titles of those who, in addition to the supervisor, will provide supervision or training. What are these persons' qualifications to provide this supervision or training? How often and in what capacity will he or she directly supervise or train the Student?

How will the Student's acquisition of new knowledge, skills, and techniques be measured?*

Additional Remarks (*optional*)

SECTION 6: SUPERVISOR 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. 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.

Supervisor - I certify that:

1. I have reviewed, understand, and will follow this STEM Mentoring and Training Plan (*Plan*);
2. I will conduct the required periodic evaluations of the Student;*
3. I will adhere to all applicable regulatory provisions that govern this program (*see 8 CFR Part 214.2(f)(10)(ii)*);
4. I will notify the DSO at the earliest possible opportunity if I believe that the Student is not receiving appropriate mentorship and training as delineated in this Plan; and
5. I will notify the DSO regarding any material changes to or material deviations from this Plan at the earliest available opportunity.

Signature of Supervisor _____

Printed Name of Supervisor _____ Date (*mm-dd-yyyy*) _____

PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to 6 U.S.C. 202 and Sections 101, 103, and 274a of the Immigration and Nationality Act of 1952, as amended (*8 U.S.C. 1101, 1103, and 1324a, respectively*) (INA).

PURPOSE: The information collection on this form is used to clarify the STEM practical training opportunity so that DSOs can review and help coordinate the Student's optional practical training.

ROUTINE USES: The information on this form may be shared with: the employer that signed the Plan; relevant DSOs acting as liaisons with the Department; Federal, State, local, or foreign government entities for law enforcement purposes; and Members of Congress in response to requests on the Student's behalf. More information on the Routine Uses for the system can be found in the System of Records Notice DHS / ICE 001

DISCLOSURE: The information you provide is voluntary. However, failure to provide the information requested on this form may delay or prevent participation in a STEM practical training opportunity.

PAPERWORK REDUCTION ACT

The public reporting burden for this collection of information is estimated to average 2.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, send them to: U . S . Immigration and Customs Enforcement, Office of Policy, 500 12th Street SW, Washington, D.C. 20536

*See evaluation forms that follow for Student's six-month and final program evaluation certifications.

SIX-MONTH EVALUATION/FEEDBACK ON STUDENT PROGRESS

Provide a self-assessment of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the STEM Mentoring and Training Plan. 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 (*mm-dd-yyyy*): From _____ To _____

Signature of Student _____

Printed Name of Student _____ Date (*mm-dd-yyyy*) _____

Signature of Supervisor _____

Printed Name of Supervisor _____ Date (*mm-dd-yyyy*) _____

SIX-MONTH EVALUATION/FEEDBACK ON STUDENT PROGRESS

Provide a self-assessment of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the STEM Mentoring and Training Plan. 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 (*mm-dd-yyyy*): From _____ To _____

Signature of Student _____

Printed Name of Student _____ Date (*mm-dd-yyyy*) _____

Signature of Supervisor _____

Printed Name of Supervisor _____ Date (*mm-dd-yyyy*) _____

SIX-MONTH EVALUATION/FEEDBACK ON STUDENT PROGRESS

Provide a self-assessment of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the STEM Mentoring and Training Plan. 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 (mm-dd-yyyy): From _____ To _____

Signature of Student _____

Printed Name of Student _____ Date (mm-dd-yyyy) _____

Signature of Supervisor _____

Printed Name of Supervisor _____ Date (mm-dd-yyyy) _____

FINAL EVALUATION/FEEDBACK ON STUDENT PROGRESS

Provide a self-assessment of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the STEM Mentoring and Training Plan. In this final evaluation, provide a summary that recaps all the mentorship received, and training and knowledge acquired during the complete optional practical training period, highlighting accomplishments, successful projects, overall contributions, etc.

Range of Evaluation Dates (mm-dd-yyyy): From _____ To _____

Signature of Student _____

Printed Name of Student _____ Date (mm-dd-yyyy) _____

Signature of Supervisor _____

Printed Name of Supervisor _____ Date (mm-dd-yyyy) _____

