Completing the Form I-910, STEM OPT Mentoring and Training Plan, for STEM OPT:

* **Section 1: Student Information:**
	+ *Personal Information:* Enter the Student’s full name, email address, and Student and Exchange Visitor Information System (SEVIS) identification (ID) number. Enter the Student’s name exactly how it is written on the Student’s F-1 visa or SEVIS Form I-20.
	+ *School Information:* Enter the school’s name, the School Code including the three-digit suffix (which can be obtained from the DSO or by going to XXX), the Designated School Official’s full name and contact information, and the span of time of the proposed STEM OPT extension (start date and end date). The STEM OPT extension may not end more than 24 months after the scheduled termination of the Student’s Employment Authorization Document (EAD) for the current period of post-completion OPT.
	+ *Qualifying Major:* Enter the Student’s STEM major that qualifies the Student for the STEM OPT extension, as well as the degree’s Classification of Instructional Programs (CIP) Code.
	+ *Degree Details:* Enter the level and type of degree that qualifies the Student for STEM OPT participation (Bachelor’s, Master’s, etc.) and the date the Student was awarded that degree.
	+ *Previously Obtained Degree?* Check “No” if the Student’s STEM OPT participation is based on his or her most recently obtained degree. Check “Yes” if the Student’s STEM OPT participation is based on a previously obtained STEM degree.
	+ *Work Authorization:* Enter the Student’s “A” number (which may be found on the Student’s Employment Authorization Document).
* **Section 2: Student Certification:**
	+ *Student Certification*: The Student affirms under penalty of perjury that the statements and information provided are true and correct.
* **Section 3: Employer Information:**
	+ *Employer’s Information:* Enter the Employer’s (company’s) name, mailing address, Web URL (if available), Employer Identification Number (EIN), and a valid E-Verify company identification number (or, if the Employer is using an employer agent to create its E-Verify cases, a valid E-Verify client company identification number). The E-Verify number is required for employers of STEM OPT students.
	+ *Number of Full-Time Employees and Other Company Information:* Provide the number of full-time employees in the United States, state whether the Employer is classified as a Small Entity (Yes or No), and the company’s *North American Industry Classification System* **(NAICS)** code. [Federal statistical agencies use the NAICS code to classify business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.] Information as to whether the Employer is classified as a small entity by the Small Business Administration can be found on the SBA’s website at <https://www.sba.gov/content/small-business-size-standards>. Such a determination is based either on the Employer’s income level or number of employees, depending on the industry.
	+ *Hours and Compensation:* Enter the agreed upon number of training hours per week, the dollar amount of salary, stipend, and/or other compensation, and the frequency of pay (per hour, per week, bi-weekly, monthly). Note that the terms and conditions of a STEM practical training opportunity, (including duties, hours, and compensation) must be commensurate with those applicable to similarly situated U.S. workers, except that a STEM OPT participant must work at least 20 hours per week while employed.
	+ Enter the start date of the STEM OPT.
* **Section 4: Employer Certification:**
	+ *Employer Certification:* The Official, who is an appropriate individual in the Employer’s organization with signatory authority for the Employer, affirms under penalty of perjury that the statements and information provided are true and correct.
* **Section 5: STEM Mentoring and Training Plan:**
	+ Enter the Student’s full name (last name, first name).
	+ Enter the Employer’s name, as it appears in Section 3.
	+ ***STEM OPT Employer Site Information:*** Enter the Employer’s site name which may be the same as Employer name in Section 2. However, if the Student is working for a branch or subsidiary of a large entity, or anywhere other than the headquarters, provide the name (if possible) and address of this work site. Enter the exact address where the STEM practical training opportunity will take place, and the type of training (training field) conducted at the site. (This may be different than the corporate information entered in Section 3, above.)
	+ *Student Role and Program’s Relationship to Qualifying Degree:* The plan must cover a specific span of time, detail specific goals and objectives, and show how the program relates to the Student’s degree.
	+ *Specific Goals and Objectives:* Describe in detail the specific skills, knowledge, and techniques the Student will learn or apply; how the Student will achieve the goals set out for his or her training; and the training curriculum including the timeline.
	+ *Supervisory Oversight:* Enter the name and title of the personnel, in addition to the supervisor, who will oversee the Student’s training. What are the qualifications of the supervisor, as well as those of these other training personnel? This may include skills, work experience, specialized education, certifications, etc. How often will this person or these people be interacting with the Student for the purpose of advancing the Student’s training.
	+ *Measures and Assessments:* Describe in detail how the student’s acquisition of the new knowledge, skills and techniques will be measured and confirmed.
	+ *Additional Remarks.* Provide any additional information pertinent to the Mentoring and Training Plan.
* **Section 6: Supervisor Certification:**
	+ *Supervisor Certification:* The Supervisor affirms under penalty of perjury that the statements and information provided are true and correct.
* **Evaluation and Feedback on Student Progress:**
	+ The Student provides a self-assessment every six months until the completion of the Mentoring and Training Plan, as well as a final evaluation that recaps all the training and knowledge acquired during the complete training period until: F-1 status ends, the Student changes educational levels at the same school, the Student transfers to another school or program, or the OPT extension ends, whichever is first.
	+ Enter the range of the student evaluation dates (the timeline for which this evaluation is relevant).
	+ The Student and his or her Supervisor must sign, print name, and enter date of signature.