

- *Student Name:* Type your surname first followed by your given name, including a comma between the surname and given name(s).
- *Student Email Address:* Enter your @shockers.wichita.edu email address
- *Name of School Recommending STEM OPT:* Wichita State University
- *Name of School Where STEM Degree Was Earned:* Wichita State University
- *SEVIS School Code of School Recommending STEM OPT :* KAN214F00668000
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Your employer should complete this section. Every field must be completed. Please note the following:

- *Employer ID Number (EIN)*: The EIN must be a nine-digit number.
- *North American Industry Classification System (NAICS) Code*: The NAICS code should be six digits.
- *Start Date of Employment (mm-dd-yyyy)*: For a student on 12-month OPT requesting a STEM OPT extension, the start date will typically be the day after your current 12-month OPT ends. For a student who already has STEM OPT approval, the start date should be your first day of employment with this employer.

The employer official should complete this section.

Students and employers may physically sign the Form I-983 or input their own electronic signature. SEVP accepts electronic signatures in the following formats:

- Electronic signatures using software programs or applications. Students and employers may sign all signature fields on the Form I-983 using electronic signatures produced with software programs or applications.
- Electronically reproduced copies of a signature. Students and employers may sign all signature fields on the Form I-983 using digitally reproduced copies of a signature. A digitally reproduced copy may be a scanned image of a physical signature.

You and your employer should complete this section together. Please note the following:

- *Site Name/Site Address*: These fields should reflect the physical location where you perform your daily duties. This may or may not be the same as the information listed in Section 3.
- *Name of Official*: This should be the employer official who will be directly involved in oversight and supervision of this training plan. This may or may not be the same person signing in Section 4 and/or Section 6.
- *Student Role*: Describe your daily responsibilities (role) and explain how these tasks are related to your STEM degree.
- *Goals and Objectives*: Describe your goals and objectives and how you will achieve them.
- *Employer Oversight*: Describe the methods of oversight and supervision provided by your employer.
- *Measures and Assessments*: Explain how your employer will measure and confirm that you are acquiring new knowledge and skills.

If you will be attaching additional pages to answer any of the questions above, be sure to enter "See attached" on the Form I-983 and make sure that each page of the attachment contains your name, the date, and the signature, printed name, and title of the Employer Official from Section 6.

The employer official should complete this section.

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You should not complete this section when applying for the STEM OPT extension. This section should only be completed at 12 months into the 24-month STEM OPT extension.

You should not complete this section when applying for the STEM OPT extension. This section should only be completed at the end of your STEM OPT authorization period OR at the end of any employment during your STEM OPT authorization period.