

STEM OPT TRAINING PLAN REVIEW CHECKLIST

Northeastern University Signature Request

| | | | |
|--------------------------|--|---------------------|--|
| EMPLOYEE/TRAINEE'S NAME: | | | |
| Hiring Department: | | College/Division: | |
| Supervisor's Name: | | Supervisor's Email: | |
| Supervisor's phone: | | Signature Due Date: | |

Complete all sections of this checklist prior to submission to the designated individual with Signature Authority, or the Training Plan will be returned to you. Keep the original checklist and the original signed Training Plan for your records.

**** Upon completion, please also submit the following to the Office of the General Counsel: 1) a signed copy of STEM OPT checklist, and 2) a signed copy of STEM OPT Training Plan. Please also forward to the Office of the General Counsel copies of the completed 12 and 24 month evaluations (within 10 business days of completion). These documents will be retained by the Office of the General Counsel pursuant to the University Policy on Retention and Disposition of University Records. Documents should be submitted via email to Laura Black at l.black@northeastern.edu.****

Part A – Training Plan Review

Yes No

| | | | |
|---|--|--------------------------|--------------------------|
| 1 | Are any questions in "Section 3 – Employer Information" left blank? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, return to hiring department to be completed. | | | |
| 2 | Are any questions in "Section 5 - Training Plan for STEM OPT Students" left blank? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, return to hiring department to be completed. | | | |
| 3 | Were Sections 3 and 5 completed by the employee/trainee's supervisor? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: All responses to Sections 3 and 5 must be completed by the employer, not the employee. If NO – return to hiring department.

Part B – Employer Certifications

Please confirm the following statements:

Yes No

| | | | |
|---|--|--------------------------|--------------------------|
| 1 | I have completed and reviewed this Training Plan, and will ensure that it is followed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | The employee/trainee's supervisor will conduct periodic evaluations. First evaluation completed prior to 12-month mark <input type="checkbox"/> Second evaluation completed at end of employment <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | The employee/trainee's practical training opportunity is directly related to the STEM degree, and the position offered to the student achieves the objectives of his or her participation in this Training Plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | The employee/trainee will receive on-site supervision and training consistent with this Training Plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | The terms and conditions of employment – including duties, hours, and compensation – are commensurate with the terms and conditions applicable to the employer's similarly situated U.S. workers. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | The employee/trainee will not replace a full-time or part-time, temporary or permanent U.S. worker. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | The hiring department will, within five (5) business days, notify the employee/trainee's Designated School Official at either Northeastern's International Student and Scholar Institute (ISSI) or the International Office from where the employee/trainee's F-1 status was obtained, regarding termination, departure, or any material changes to or material deviations from this Training Plan at the earliest available opportunity, including if the student is not receiving appropriate training as originally delineated in the Training Plan. | <input type="checkbox"/> | <input type="checkbox"/> |

I CERTIFY THAT I HAVE REVIEWED THE TRAINING PLAN, I HAVE READ AND UNDERSTAND THE CERTIFICATIONS LISTED ABOVE, AND HAVE APPROPRIATE AUTHORITY TO SUBMIT THIS TRAINING PLAN ON BEHALF OF MY DEPARTMENT.

Signed by supervisor or submitting department representative: _____

Name of supervisor or submitting department representative: _____

Date of submission: _____