

DO NOT MAIL THIS WITH YOUR APPLICATION

EAST CENTRAL UNIVERSITY 24 Month Stem Extension 6 Month Validation Report

International Student Program and Services 1100 E 14th St, PMB E-1 Ada, Oklahoma 74820 Phone: 580-559-5669 Fax: 580-559-5755 intlstu@ecok.edu

(Do NOT submit when applying for STEM. Save this report for when you are ready to report your 6 month validations)

STEM Extension OPT regulations require students to report to the Designated School Official (DSO) any of the following changes within 10 business days of the 6 month reporting periods (Note: reports submitted earlier than 10 business days of report date will not be accepted):

- Legal name changes
- A change in residential or mailing address
- Changes in employer, giving the employer name and address and start date of new employment
- Loss of employment

Send the DSO a validation report every six months starting from the date the STEM extension starts and ending when the student's F-1 status ends or the STEM extension ends, whichever is earlier. You are responsible for making timely updates through this form. Contact the International Office at intlstu@ecok.edu for additional copies.

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Student Information:

*First Name:	Last Name:	
*ECU ID:	*U.S. Phone #:	
*Email:		
Has any of the above information changed? Yes No		
Current Residential Address: *Street:		
*City:		*ZIP Code:
Has any of the above information changed? Yes No		
<u>Current Employer Details</u> : *Company Name:	_	
*Street:		
*City:	*State:	*ZIP Code:
Has any of the above information changed? Yes No		
Employment Status : (<i>Note: If currently employed leave emplo</i> *Are you still engaged in practical training with the employer a		
*Employment Start Date:	Employment End I	
SEVIS Termination Request: (mark all that apply) I will depart the U.S. and will not use/resume my STEM ex My departure date is(mm/dd/yyyy)		
☐ I now hold another immigration status in the U.S. Please en <i>status</i>) New status effective date is (mm/dd/yyyy)	•	
Student Signature:	Date:	

competencies identified in the during this review period. Add development.	your performance, using the measures previ e Training Plan for STEM OPT Students. Di dress whether there are any modifications to	STUDENT PROGRESS ously identified, in applying and acquiring new knowledge, skills, and scuss accomplishments, successful projects, overall contributions, etc., o the objectives and goals for projects, or new areas for skill and competency
Range of Evaluation Dates:	From (mm-dd-yyyy):	To (mm-dd-yyyy):
Signature of Student (Sign in	ink):	
Printed Name of Student:		Data (see data a)
	al with Signatory Authority (Sign in ink):	
Printed Name of Employer O	official with Signatory Authority:	Date (mm-dd-yyyy):
competencies identified in the	our performance, using the measures previ e Training Plan for STEM OPT Students. Di	ON STUDENT PROGRESS ously identified, in applying and acquiring new knowledge, skills, and scuss accomplishments, successful projects, overall contributions, etc., o the objectives and goals for projects, or new areas for skill and competency
Range of Evaluation Dates:	From (mm-dd-yyyy):	To (mm-dd-yyyy):
Comp	olete the TOP se	
`		s to be completed once
	employment has	
J	employment has	
Signature of Student (Sign in	n ink):	
Signature of Student (Sign in Printed Name of Student:	n ink):	Date (mm-dd-yyyy):
Signature of Student (Sign in Printed Name of Student: Signature of Employer Officia	n ink):	