



**DO NOT MAIL THIS WITH YOUR APPLICATION**

International Student Program and Services  
1100 E 14<sup>th</sup> St, PMB E-1  
Ada, Oklahoma 74820  
Phone: 580-559-5669 Fax: 580-559-5755  
[intlstu@ecok.edu](mailto:intlstu@ecok.edu)

**EAST CENTRAL UNIVERSITY  
24 Month Stem Extension  
6 Month Validation Report**

**(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](mailto:intlstu@ecok.edu) for additional copies.

**Student Information:**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
 \*ECU ID: \_\_\_\_\_ \*SEVIS ID: \_\_\_\_\_  
 \*Email: \_\_\_\_\_

Has any of the above information changed?  Yes  No

**Current Residential Address:**

\*Street: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP Code: \_\_\_\_\_

Has any of the above information changed?  Yes  No

**Current Employer Details:**

\*Company Name: \_\_\_\_\_  
 \*Street: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP Code: \_\_\_\_\_

Has any of the above information changed?  Yes  No

**Employment Status:** (Note: If currently employed leave employment end date blank.)

\*Are you still engaged in practical training with the employer above?  Yes  No  
 \*Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_  
 (Complete if unemployed)

**SEVIS Termination Request:** (mark all that apply)

I will depart the U.S. and will not use/resume my STEM extension. Please end my F-1 SEVIS record.  
 My departure date is (mm/dd/yyyy) \_\_\_\_\_  
 I now hold another immigration status in the U.S. Please end my F-1 SEVIS record. (Note: provide a copy of new immigration status)  
 New status effective date is (mm/dd/yyyy) \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Denotes Required Field.

**FINAL EVALUATION ON STUDENT PROGRESS**

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. 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 Employer Official with Signatory Authority: \_\_\_\_\_

Printed Name of Employer Official with Signatory Authority: \_\_\_\_\_ Date: (mm-dd-yyyy) \_\_\_\_\_