## LSUHSC/NO 24 Month STEM Extension Student Validation Report Form

STEM OPT recipients must submit an appropriate "validation" report to the LSUHSC/NO DSO every six months starting the date the 24 month extension begins and ending when the student's status ends, the student changes educational levels at the same school, the student transfers to another school, or the 24 month OPT extension ends, whichever is first.

| First Report Due Date:                    | Second Report Due Date:     |   |
|---|-----------------------------|---|
| Date Prepared:                            | Date Received by DSO:       |   |
| Last Name:                                | , First Name:               |   |
| SEVIS ID #:                               |                             |   |
| Student's Current Address:                |                             | _ |
|   |                             |   |
|   |                             | _ |
| Name and Address of Current Employ        | ver(s):                     |   |
| (1)                                       | (2)                         |   |
|   |                             |   |
|   |                             |   |
|   |                             |   |
| Date Student Began Working for Emp        | oloyer (M/D/Y):             |   |
| (1)                                       |                             |   |
|   |                             |   |
| I certify all information indicated above | /e to be true and accurate: |   |
|   |                             |   |
| Student Signature                         | Date                        |   |