

# 6-Month Reporting Form Report STEM OPT Participation

Government regulations mandate that students on a 12-month STEM OPT extension validate their employment and address details every six months to comply with BT0.283I 1

WSUC Address

	Street Address	Apt #
City	State	Zip

### Employment Information

Employer Name \_\_\_\_\_

	Street Address	Suite
City	State	Zip

If your site name and site address are different than the employer name and address, please complete the following

Site Name \_\_\_\_\_

	Street Address	Suite
City	State	Zip

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature valid only if written or applied digitally with a time/date stamp)

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