Section A. This section must be completed by the student, as appropriate. (Please print or type)

First Name:

Family Name:

Student major field of study:

Describe the proposed employment for particular training:

Beginning date:

Ending Date:

Number of hours per week:

Section B: This section must be completed by the designate school official (DSO):

I hereby certify that:

The student named above:

• Is taking a full course of study at this school, and the expected date of completion is:

• Is taking less than a full course of study at this school because:
  • Completed the course of study at this school on (date):
  • Did not complete the course of study. Terminated attendance on (Date):

Name and title of DSO: Lisa Scott
Name of school: College of Saint Benedict and Saint John's University
Telephone Number: 320-363-2248

Signature: ___________________________ Date: ___________________________