

College of Saint Benedict and Saint John's University
International Student Consultant Office
OPT Academic Certification

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: _____