OMB Approval No. 1115-0060

U.S. Department of Justice
Immigration and Naturalization Service

Certification by Designated School Official

SECTION A. This section must be completed by student as appropriate (Please print or type) :

1. Name: *(Family in CAPS)* *(First)* *(Middle)*	2. Date of birth:
3. Student admission number:	4. Date first granted F-1 or M-1 status:
5. Level of education being sought:	6. Student's major field of study:

7. Describe the proposed employment for practical training:

Beginning date : Ending date: Number of hours per week:

8. List all periods of previously authorized employment for practical training:

A. Curricular or work/study:	B. Post completion of studies

Signature of student: _____ Date: _____

SECTION B. This Section must be completed by the designated school official of the school the student is attending or was last authorized to attend:

9. 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): _____

Check one:

☐ A. The employment is for practical training in the student's field of study. The student has been in the educational program for at least 9 months and is eligible for the requested practical training in accordance with INS regulations at 8CFR 214.2(f) (10).

☐ B. The endorsement for off-campus employment is based on the wage-and-labor attestation filed by the employer in accordance with the requirements set forth by the Secretary of Labor. The student has been in F-1 status for at least one year and is in good academic standing. Copy of the employer's attestation is attached.

☐ C. The employment is for an internship with a recognized international organization and is within the scope of the organization's sponsorship. The student has been in F-1 status for at least 9 months and is in good academic standing.

10. Name and title of DSO.	Signature:	Date:
11. Name of school:	School file number:	Telephone no.:

For Official Use only
Microfilm Index Number:

(See instructions on reverse)