On-Campus Employment Authorization for International Students

Part A (To be completed by student)  PLEASE PRINT

Name: __________________________________________________________________________

Last  First  Middle
Country of Citizenship: __________________________________________________________________________

Visa Status:  F-1_____  J-1_____

Date of arrival in U.S. (month/day/year) ____________________________________________

Proposed Employment:  Department: ______________________________________________

Job Title:___________________________________________  No. of hours per week:______

_____ Graduate Student  _____ Undergraduate Student  _____ Exchange Student

I, (print) ________________________________________, understand that my on-campus employment may total no more than 20 hours per week (except during school breaks, and that I must maintain good academic standing at WCSU while employed.

______________________________________________________________

Signature  Date

Part B: (To be completed by International Student Advisor)

Student employment on campus is authorized from ________________________________

Current SEVIS I-20/DS-2019 expires: ________________________________

______________________________________________________________  _____________

Donna Warner, International Student Advisor  Date