



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

