

REQUEST FOR ON-CAMPUS WORK AUTHORIZATION

Part A: To be completed by student.

Student Name: _____ Date _____

ID Number: _____

Degree Program: J.D. LL.M. S.J.D. Expected Graduation: _____

Semester you are requesting work authorization: _____
[Remember you need a new authorization each semester.]

Professor or Office where you will be working: _____
Name of supervisor: _____

Visa Type: F-1 J-1 [See note below re J-1 status]

STUDENT MUST SUBMIT THIS FORM WITH A COPY OF THEIR I-20 FORM, I- 94 CARD and ENTRY VISA.

Part B: To be completed by International Student Advisor.

The above-named student is in valid visa status, as noted below, and is authorized for on-campus employment for the semester as noted on the attached sheet.

F-1. See attached work authorization for the _____ semester.
[term and year]

J-1. Attached is the recommendation for on-campus employment or Academic training. J-1 student should submit this recommendation to their J-1 visa sponsor along with other documents required by the sponsor.

Dorothy M. Mayer

International Student Advisor

Date