

REQUEST FOR ON-CAMPUS WORK AUTHORIZATION

Part A: To be completed by the 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]

Signature: _____

SUBMIT THIS FORM WITH A COPY OF MOST RECENT I-94 CARD.

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 sponsor along with other documents required by the sponsor.

International Student Advisor

Date