



On-campus Employment Request for J-1 students

Student Information:

First Name _____ Last Name _____
SCSU ID _____ SEVIS ID N000 _____
Phone Number _____ E-mail Address _____
Field of study: _____ DS-2019 expiration date _____

On-campus employment information:

Please check the type of employment: Hourly GA TA Other _____

Number of hours student will work per week _____

*Note: Student can only work 20 hours/week during the academic year and full-time during vacations.
Student must also be enrolled in a full course of study in order to work on-campus.*

Place of employment (SCSU department name) _____

Location of employment _____

Supervisor's name _____ Phone _____

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CIS use only:

This student has been approved to work on-campus for the above named department.

This student has not been approved to work on-campus for the following reasons:

Signature (ARO/RO) _____ Date _____