

EDGEWOOD COLLEGE
ON-CAMPUS EMPLOYMENT AUTHORIZATION REQUEST FORM
[For Students with J-1 Exchange Visitor Visas]

To Be Completed by the Exchange Visitor

Name: _____

Edgewood ID: _____

I understand that this authorization is valid only for the current academic year and that I must request a new authorization each academic year.

Initial: _____

I request authorization to pursue part-time employment (not to exceed 20 hours per week) as described below. I agree that this employment will not cause me to reduce my program of studies below full-time student status.

Signature: _____ Date: _____

Employment Information: (ALL fields must be filled out)

Name of the Office or Department: _____

Title of Position: _____

Name of Supervisor: _____

Number of Hours per Week: _____

Employment Begin Date: ____ / ____ / ____ End Date: ____ / ____ / ____

To be completed by Center for Global Education Staff:

I support this request and have verified that the student is in good standing with her/his J-1 visa status.

Signature: _____ Date: _____