



International Student Services  
Global Engagement Office  
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## J-1 STUDENT ON-CAMPUS EMPLOYMENT AUTHORIZATION REQUEST FORM

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### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student SCU ID: \_\_\_\_\_ End Date on your DS-2019: \_\_\_\_\_

### Employment Type:

- ☐ Teaching Assistant
- ☐ Research Assistant
- ☐ Part-time (20 hrs/wk) On-campus Work
- ☐ Other: (please explain) \_\_\_\_\_

Total Proposed Hours per Week: \_\_\_\_\_

Proposed Employment Dates: (Begin Date) \_\_\_\_\_ (End Date) \_\_\_\_\_

The name of the on-campus hiring department:

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By submitting this form, you are certifying that you are in lawful J-1 status, you will work only with authorization and to the extent allowable (on-campus and a maximum of 20 hours per week while school is in session), and you will request new authorization when your job changes, when you extend your DS-2019, or before the end of this period of employment whichever comes first.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Approved by ISS RO/ARO: \_\_\_\_\_

ISS RO/ARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_