

J-1 Student Employment Request

Revised 07/13

Today's Date: \_\_\_\_\_

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

USC ID Number: \_\_\_\_\_ SEVIS Number: **N00**

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree Objective:  Bachelor  Master  PhD  Other: \_\_\_\_\_

DS-2019 Expiration: \_\_\_\_\_ Email Address: \_\_\_\_\_

Local U.S. Address: \_\_\_\_\_

USC Student Union 300  
 Los Angeles, CA  
 90089-0899  
 Phone: (213)740-2666  
 Fax: (213)740-5194  
 j1exchg@usc.edu  
 www.usc.edu/ois

Purpose of this Request:

- On-Campus Employment Authorization** (*copy of offer letter required*)

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Hours per Week: \_\_\_\_\_

- Economic Necessity Employment** (*letter explaining economic necessity and documentation required*)
- Academic Training** (*copy of offer letter and Academic Advisor Endorsement letter required*) (*See backside of this form*)

Required Documents :

- Copy of offer letter
- Academic Advisor endorsement letter (see page 2)

Please list all previous periods of authorized Academic Training, if applicable.

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

For office use only: \_\_\_\_\_ units for \_\_\_\_\_. Restrictions: \_\_\_\_\_.

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To: Office of International Services

USC Student Union 300  
Los Angeles, CA  
90089-0899  
Phone: (213)740-2666  
Fax: (213)740-5194  
j1exchg@usc.edu

Re: J-1 Academic Training

This is to certify that \_\_\_\_\_ is a student in the \_\_\_\_\_  
*(Name of Student)* *(B.A., M.S., Ph.D., etc.)*

program in \_\_\_\_\_. The student intends to pursue Academic  
*(Field of Study)*

Training at \_\_\_\_\_.  
*(Employer Name and Address)*

The student will pursue training on a \_\_\_\_\_ basis under the supervision of  
*(part-time/full-time)*

\_\_\_\_\_. This Academic Training will begin on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and continue  
*(Supervisor)* *(MM) (DD) (YYYY)*

through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . The student is expected to graduate on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
*(MM) (DD) (YYYY)* *(MM) (DD) (YYYY)*

If full-time Academic Training is recommended, please indicate the reason:

- Student will be employed full-time during official university breaks (summer, winter, spring)
- Student has completed all coursework and reached the thesis/dissertation stage
- Student has graduated

Briefly describe the goals and objectives of the specific training program, as it relates to the student's major field of study. Please also describe how the training program is a critical part of the student's academic program.

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Academic Advisor Signature

Academic Advisor Name (please print)

Title

Date