

**J-1 Student Employment Request**

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

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

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

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

Field of Study: \_\_\_\_\_ Degree Objective:  Bach  Masters  PhD  Other:

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

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

**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: \_\_\_\_\_.

**J-1 Student Employment Request**

Revised

**To: Office of International Services**

**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