

APPLICATION TO RECEIVE
CERTIFICATION OF
ON-CAMPUS EMPLOYMENT ELIGIBILITY

After receiving an offer of employment, please complete top half of this form and have your potential CUNY campus employer complete and sign the lower half of form. The student can return this form to our office to request an official "CERTIFICATION OF ON-CAMPUS EMPLOYMENT ELIGIBILITY" letter. This process is only for City College students in current good standing with F-1 and J-1 immigration status. This form is **NOT** a "CERTIFICATION OF ON-CAMPUS EMPLOYMENT ELIGIBILITY". **Note: On-Campus Employment Eligibility must be renewed each fall and spring session. Summer and vacation time employment is contingent upon expectation of resumption of full course load the next academic semester.**

STUDENT DATA:

TODAY'S DATE: _____

Student Name (**Please Print**): -Mr. - Ms. _____
Family Name (Last Name) Given Name (First Name)

EMPL ID # _____ Have you been issued a Social Security Number? - Yes - No (if you answered 'No', kindly request SSN cover letter)

E-Mail Address: _____ Degree Level: _____

--Yes --No You expect to finish all coursework and/or graduate **THIS** semester:
 --Yes --No You expect to return to CCNY for a full course load **NEXT** semester (fall or spring, whichever comes first)

Employment location --CCNY --Other CUNY Campus; _____ CITY UNIVERSITY OF NEW YORK
(If not at CCNY, name the CUNY College)

Job duties (be brief): _____

EMPLOYER DATA:

**Person, or their designee, responsible for
Supervision completes this section**

Supervisor's Name -Ms. -Mr.
-Dr. - Other _____

Supervisor's Title: _____ Supervisor's Phone/Extension: _____

Department/Unit _____ Campus Location
Supervisor's Office: _____
Building Room

A position is available for this semester: --fall 20 __ __ --spring 20 __ __ --summer 20 __ __ --winter 20 __ __

Employment Start Date: __/__/__ **Employment End Date:** __/__/__ **Expected Salary:** _____

Signature
Supervisor's or designee's: _____ Date: _____

Student should return this form to Office of International Students to obtain official "On-Campus Employment Eligibility" certification.

Office USE Only:

Student received certification for

--fall --spring --spring/summer --summer --summer/fall DSO: _____ Date: _____