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:

Student Name (Please Print): □Mr. □Ms. 
__________________________________________
Family Name (Last Name) 
__________________________________________
Given Name (First Name) 
__________________________________________

EMPL ID # ________________________

Degree Level: __________

E-mail Address: ________________________

□ - 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):
__________________________________________

__________________________________________

Do you have another On Campus Employment job currently? □ - Yes □ - No

If yes, please fill out the second page of the application.

EMPLOYER DATA:

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

Supervisor’s Name □ Ms. □ Dr. □ Mr. □ Other ________________________

Supervisor’s Title: ________________________ Supervisor’s Phone/Extension: ________________________

Department/Unit: ________________________ Campus Location: ________________________

Supervisor’s Office: ________________________ Building __________ Room __________

RF/CUNY Employee: □ - Yes □ - No

A position is available for this semester: □ - Fall 20 ___ □ - Spring 20 ___ □ - Summer 20 ___ □ - Winter 20 ___

Number of Work Hours per Week: # ____________

Signature ________________________ Date: ________________________

Supervisor’s or designee’s: ________________________

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 □ - Year □ - fall □ - spring □ - summer □ - winter 
DSO: _________ Date: ____________
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ON-CAMPUS EMPLOYMENT ELIGIBILITY

Current Authorized On-Campus Employment Information

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

Job Duties/ Title (be brief):

Department: __________________________

RF/CUNY Employee: □ -- Yes □ -- No

Supervisor’s Name: __________________________

Supervisor’s Phone/Extension: __________________________

Number of Work Hours per Week: #________

A position is available for this semester: □ -- Fall 20□ -- Spring 20□ -- Summer 20□ -- Winter 20