

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): -- F -- M -- X _____
Family Name (Last Name) Given Name (First Name)

EMPL ID # _____

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 Title: _____

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

Number of work hours **Per Week** for your **another employment**: # _____

If yes, please fill submit another OCE Application

Have you been issued a Social Security Card? -- Yes -- No

If no, please request a [Courtesy Letter](#) to receive an SSN Cover Letter. (Please click on *Courtesy Letter* to access form)

EMPLOYER DATA: Person, or their designee, responsible for Supervision completes this section

Supervisor's Name F. M. Dr. X _____

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____

Employment **Start Date:** ____/____/____

Number of Work Hours **Per Week:** # _____ (Maximum of **20** Hours/Week each **Fall/ Spring** semester and full-time during **Winter/ Summer**)

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

-- Year -- fall -- spring -- summer -- winter

DSO: _____ Date: _____