EMPLOYMENT AUTHORIZATION REQUEST FORM

Name: ___________________________ Phone: ___________________________ Status: F1, J1, etc.

Last, First

DIT Student ID#: ___________________________ Date of Birth: ___________________________

(Month/Day/Year)

Email Address: ___________________________

2. I am applying for work authorization based on:

_______ Curricular Practical Training:

Part – time (up to 20 hrs/week)

Full – time (20 hrs/week or more)

_______ Optional Practical Training:

During Vacation Semester

After Graduating

As a registered full-time student (may work up to 20 hrs/week only)

While registered for Thesis or Dissertation Credit (may work full-time)

_______ Economic Hardship

_______ Special Student Relief/Emergent Circumstances

3. Describe the proposed employment for practical training.

Number of Hours per Week: ___________________________ Start Date: ___________________________

End Date: ___________________________

4. List all periods of previously authorized employment for practical training:

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<tr>
<th>Curricular</th>
<th>Optional</th>
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To be completed by Student’s Academic Advisor:

Student’s Field of Study: ___________________________ Student’s Degree Level: ___________________________

Student is expected to complete his/her degree objective on ___________________________.

(Month/Day/Year)

Advisor’s Signature: ___________________________ Advisor’s Printed Name: ___________________________

Date: ___________________________

For Optional Practical Training Applicants ONLY:

I DO/ DO NOT (circle one) recommend that this student be granted employment authorization in his/her field of study commensurate with level of education.