

EMPLOYMENT AUTHORIZATION REQUEST FORM

Name: _____ Phone: _____ Status: _____
Last, First F1, J1, etc.

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:

Curricular	Optional

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.