Date ____________________________

Department ___________________________________________ Mail Stop ______________________________

Dept. Contact Person ___________________________________ EXT ________________________

Name of Student: ___________________________________________________________________________

UVU ID #: _________________________________________ Phone ____________________________

To be filled out by International Student Services

Eligible to work On-Campus YES________ NO ______

IF NO, REASON(S) IS(ARE) ___________________________________________________________

APPROVAL BY INTERNATIONAL STUDENT ADVISOR ________________________________________

SEMESTER ________________________________ ELIGIBLE HOURS PER WEEK _________________

*Please fill out the information and send this form to mail stop 310 or to LA114. If you have any questions, please contact us at ext. 8778.

For International Student Services Use Only

In Status YES ______ NO ______ Passport Expiration _________________________________

I-20 Expiration ____________________________ Immigration Status I-94 _______________________

Current Credit Hours __________________________ GPA (Cumulative) ________________________

Taking a Vacation YES ______ NO ______ COS in Process YES ______ NO ______

Other Notification __________________________