

Semester/Year: _____

To be filled out by the Supervisor

The student may return the completed form by email as a PDF or deliver it in person to LC 312.

Date _____

Department _____ Phone number _____

Dept. Contact Person _____ Email _____

Name of Student _____

UVU ID # _____

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 _____

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 _____

