J-1 ON CAMPUS EMPLOYMENT REQUEST

Student Information

Name: ______________________________ VT ID #: ______________________________

Email: ______________________________ Phone No: ______________________________

SEVIS ID #: ______________________________

I understand that I must provide this report each semester if I am employed on campus. This report is not for the purpose of employment off campus.

Student's Signature_________________________________________________ Date___________________

Employment Information

Employer Name: _____________________________________________________________

Employer Street Address: _____________________________________________________

City, State, Zip Code: _________________________________________________________

Number of Hours per week: ______________________________

Supervisor Name: ____________________________________________________________

Employment Begin Date: ___________ Employment End Date _____________

Supervisor Contact Email: _____________________________________________________

Phone: ______________________________

Supervisor Signature: ______________________________ Date: _____________

Return this form to the ARO at the Global Education Office.

Last Updated: September 25, 2018