

LOS ANGELES CITY COLLEGE

INTERNATIONAL STUDENT PROGRAM

ON-CAMPUS WORK AUTHORIZATION

Today's Date: _____ Semester: _____

Student's Last Name: _____

Student's First Name: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Student ID #: _____

SEVIS ID#: N _____

Number of units enrolled for current semester: _____

Employer's Name: _____

Department Name: _____

Job Title: _____

Employment Start Date: _____

Employment End Date: _____

Number of hours per week: _____

Student Signature: _____ Date: _____

Please Note: An F1 student may only work on-campus when authorized by a DSO.