

CUNY INTERNATIONAL STUDENT STATUS EMPLOYMENT VERIFICATION FORM

FOR INTERNAL CUNY USE ONLY

(Verification of F-1 & J-1 Immigration Status Only for Students Sponsored by the Graduate Center-CUNY)

NAME OF STUDENT _____ PROGRAM _____
Family Name Given Name

GC ID#: _____, Immigration Status: F-1 ___ J-1 ___, SEVIS Number N _____

I-20 or DS-2019 Valid Until _____ Final Semester: _____

Student Statement:

I understand that the total number of hours I may be employed, at all **CUNY locations**, is limited to 20 hours per week during semesters. I may work more than 20 hours per week during official vacation periods, provided that I **do not deposit, graduate, or in any other way end or stop my full-time studies, or transfer from the Graduate Center, or in any way change my US Immigration Status.**

At the beginning of my **final semester** at the GC, I understand that I should **make an appointment** with the Office of International Students to **review my Immigration Status** and to **discuss Immigration Status options** after completion of my academic studies.

Student Signature Date

To: CUNY Payroll or Human Resources Office

This Form certifies that the student whose name appears above is registered full-time for the semester indicated and is maintaining valid **F-1 or J-1 student Immigration Status** at the Graduate Center-CUNY.

The total number of hours that the student may be employed at all CUNY locations may not exceed 20 hours a week during any semester. The student may work more than 20 hours a week during official vacation periods.

The student is eligible to work within **CUNY institutions only**, for the period indicated below, incident to his or her Satus, **provided he/she does not complete studies, graduate, withdraw, or in any other way end or stop full-time registration, or change Immigration Status.**

Registration and On-Campus Employment Eligibility for the Above Named Student Are Verified for:

| <u>Semester Authorized until Date Indicated</u> | <u>Academic Level</u> <small>(Ph.D. 1, 2, 3, or MA)</small> | <u>Signature of DSO/ARO</u> | <u>Date</u> |
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AUTHORIZED SIGNATORIES Linda Asaro Director Paul Croser International Student Counselor Bei Zhang International Student Counselor