

**APPLICATION REQUIREMENTS:**

- COPY OF AWARD SYNOPSIS [FROM PRINCIPAL INVESTIGATOR]
- COPY OF YOUR MOST RECENT I-94
- A letter from the IC confirming your employment will be issued in seven business days

<b>STUDENT INFORMATION</b>		
STUDENT'S NAME:		
UCI STUDENT ID #:	UCI EMAIL:	
HOME PHONE:	CELL PHONE:	
EXPECTED COMPLETION DATE OF DEGREE [MM/DD/YYYY]:		
PROPOSED DATES OF EMPLOYMENT	START [MM/DD/YY]:	END [MM/DD/YY]:
HOURS PER WEEK REQUESTED [LIMITED TO 20 HOURS A WEEK DURING FALL, WINTER, AND SPRING QUARTERS]:		
<input type="checkbox"/> PART-TIME [20 HOURS OR LESS A WEEK] <input type="checkbox"/> FULL-TIME [20 HOURS A WEEK OR MORE]		
EMPLOYMENT SITE NAME OF COMPANY/ORGRANIZATION:		
EMPLOYMENT SITE ADDRESS:		

**I CONFIRM THAT THE INFORMATION IS CORRECT AND THAT THE EMPLOYMENT ACTIVITY MEETS REQUIREMENTS OF MY F-1 VISA STATUS FOR ON-CAMPUS EMPLOYMENT.**

STUDENT'S SIGNATURE:	DATE [MM/DD/YYYY]:
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**CONFIRMATION OF PROPOSED ON-CAMPUS EMPLOYMENT AT AN OFF-CAMPUS SITE**

THIS SECTION MUST BE COMPLETED BY PRINCIPAL INVESTIGATOR [PI] OF RESEARCH PROJECT

**I CONFIRM THAT THE PROPOSED EMPLOYMENT FOR THE ABOVE-NAMED STUDENT IS ON-CAMPUS EMPLOYMENT THAT MUST BE PERFORMED AT AN OFF-CAMPUS SITE. THE ORGANIZATION/COMPANY WHERE THIS EMPLOYMENT WILL TAKE PLACE IS EDUCATIONALLY AFFILIATED WITH THE UNIVERSITY OF CALIFORNIA, IRVINE THROUGH A CONTRACTUALLY FUNDED RESEARCH PROJECT. THIS EMPLOYMENT IS AN INTEGRAL PART OF THE STUDENT'S EDUCATION PROGRAM. ATTACHED IS A COPY OF THE AWARD SYNOPSIS.**

SIGNATURE:	DATE:
NAME:	TITLE:
TELEPHONE:	EMAIL: