



UCI INTERNATIONAL CENTER  
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# ON-CAMPUS EMPLOYMENT AT OFF-CAMPUS SITE FORM

Name of Student: \_\_\_\_\_

Student UCI I.D.: \_\_\_\_\_ UCI E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Expected Completion Date of Degree (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Proposed Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours per week requested: Limited to 20 hrs. a week for Fall, Winter, and Spring Quarters

\_\_\_\_\_ Part-Time (20 hrs. a week or less) \_\_\_\_\_ Full-time (over 20 hrs. a week)

Employment Site (name of organization/company and address):  
 \_\_\_\_\_  
 \_\_\_\_\_

**I certify that the information is correct and that the employment activity meets requirements of my F-1 Visa Status for on campus employment.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 educational program. Attached is a copy of the Award Synopsis.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Student - In addition to this form, include the following:**

- Copy of Award Synopsis
- Photocopy of the front and back of your most recent I-94 form
- Please report any changes of address, name or major

Note: A letter from the IC confirming your eligibility for this type of employment will be ready in 5 business days.