



Off-Campus Employment Request Form

Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • **E-mail** iss@valdosta.edu

PHONE 229.333.7410 • **FAX** 229.245.3849 • **WEB** www.valdosta.edu/cip/

Form to request to have the authorization to work off-campus. Must be submitted **EVERY** semester.

Instructions for Students:

- Please type your information in this form.
- You can save it and e-mail it to iss@valdosta.edu, or print and bring the form to the Center for International Programs Office.
- After filling out this form, contact the Office of Cooperative Education at (229)333-7172 and set-up an appointment with them about obtaining an internship through them.
- For more information, go to <http://www.valdosta.edu/coop/>

Student Information

Last Name _____ First Name _____

VSU ID#: 870- _____

E-mail: _____ Phone: _____

Current Education Level _____ Major _____

Request Details

Requested CPT Start Date _____ Requested CPT End Date _____

Hours per week (if known) _____

Employer Address (if known) _____

Do you currently have a job/assistantship on campus? _____ If yes, how many hours? _____

Previous Authorized Employment (CPT/OPT)

Employment Type: _____ Employer _____

From _____ To _____

Employment Type: _____ Employer _____

From _____ To _____

Employment Type: _____ Employer _____

From _____ To _____

Request approved by International Student Advisor

Date International Student Advisor Signature