J-1 STUDENT: EMPLOYMENT VERIFICATION

ALL FIELDS ARE REQUIRED.

PLEASE RETURN THIS FORM TO: gotfredsonj@umkc.edu

STUDENT CERTIFIES:

- ✓ The below information is true and correct
- ✓ I understand I cannot work more than 20 hours total between on-campus and off-campus employment except during official school breaks
- ✓ I understand the rules and regulations of my J-1 visa and that I am currently, and will continue to maintain valid J-1 student status.
- ✓ I acknowledge that if I violate the terms of my visa, my work authorization could be revoked.
- ✓ I understand that I must inform ISAO or update via Pathway, any changes to my name, visa status, or mailing address within 10 days of the change.

STUDENT SIGNATURE:					DATE:			
			J-1	STUDE	NT	INFORMATION		
AST NAME:				GIVEN NAME(S)	:	UMKC II		#:
AUTHORIZED TO START WORK ON:						WORK AUTHORIZATION END	ORIZATION ENDS ON:	
			EN	ИРLОY	ER II	NFORMATION		
COMPANY I	NAME:							
ADDRESS:								
	,	#	and Street			City, State	,	Zipcode
START DA	ATE:					END DATE (IF KNOWN):		
SUPERVISO LAST NA					SUPERVISOR'S FIRST NAME:			
JOB TI	JOB TITLE:				HOURS PER WEEK YOU WILL WORK:			
more th ✓ I unders	ove-stated an 20 ho stand the	d student has bee urs per week exco above-named sto	ept during o udent is req	fficial sch uired to h	ool bi ave ei	d, employment at the above-stat reaks mployment authorization from IS, rization in the form of a letter fror	AO and th	
EMPLOYER SIGNATURE:						DATE:		