

WORK EXPERIENCE INFORMATION SHEET

Last Name _____ First Name _____ CSN ID # _____

Registered for _____
Semester _____

		<u>Phone</u>	<u>Fax</u>	<u>Email</u>	
<input type="checkbox"/>	HMD 295B	Tom Rosenberger, Dept. Chair	651-4193	651-4139	tom.rosenberger@csn.edu
<input type="checkbox"/>	FAB 295B	Terri Jones, Director	651-4654	651-4558	terri.jones@csn.edu
<input type="checkbox"/>	CUL 295B	Joe Quagliano, Director	651-4701	651-4558	
<input type="checkbox"/>	GAM 295B	John Metcalfe, Director	651-4818	651-4558	
<input type="checkbox"/>	TCA 295B	David Hernandez, Director	651-4533	651-4325	
<input type="checkbox"/>	TCA 295B	ViVienne Sario, Director	651-4827	651-4558	vivienne.sario@csn.edu
<input type="checkbox"/>	TCA 251	ViVienne Sario, Director	651-4827	651-4558	vivienne.sario@csn.edu

I understand that as an F-1 student, I must receive a new I-20 with work authorization **before** I can begin employment (including training). I must bring a letter of employment completed by my employer like the example I receive from the International Center, **even if my work is voluntary**. I understand that for paid employment, I can only work up to 200 hours if I am completing an AAS degree in Hotel, Restaurant, Casino Management or up to 500 hours if I am completing an AA degree in Hospitality Management.

I also understand that in order to receive a grade, I must provide the Director of my major area of study either an official letter on letterhead signed by my supervisor stating that I have completed the required number of hours or copies of paycheck stubs showing the total number of hours worked between authorized work periods. If I do not work the number hours necessary for a grade and would like a work authorization extension, I must also present this documentation, by appointment, to an International Student Advisor. Extensions will only be considered if the requirements have not been met.

Students who do not complete the requirements or who do not submit proof of hours worked to the department directors will receive and incomplete. (Please refer to the CSN catalog regarding details about incompletes).

Student Signature _____ Date _____

Pre-Semester Start Date Authorization

Student is registered for the _____ in:

<input type="checkbox"/>	HMD 295B	Semester	<input type="checkbox"/>	GAM 295B	<input type="checkbox"/>	FAB 295B
<input type="checkbox"/>	CUL 295B		<input type="checkbox"/>	TCA 295B	<input type="checkbox"/>	TCA 251

I would like to recommend that the student begins his/her employment on _____, which is prior to the beginning of the semester, for the convenience of the employer and so that the student does not lose the job opportunity.

Director (Print Name) _____ Signature _____ Date _____

Post-Semester End Date Authorization

Student is registered for the _____ in:

<input type="checkbox"/>	HMD 295B	Semester	<input type="checkbox"/>	GAM 295B	<input type="checkbox"/>	FAB 295B
<input type="checkbox"/>	CUL 295B		<input type="checkbox"/>	TCA 295B	<input type="checkbox"/>	TCA 251

I would like to recommend that the student continue his/her employment until _____, which exceeds the ending date of the semester, so that the student can receive the necessary credit to graduate and/or transfer. The student has completed (hours) _____ by (date) _____ .

Director (Print Name) _____ Signature _____ Date _____