J-1 On-Campus Employment Authorization Request

Part I: Student Information (to be completed by the student)

Name: ____________________________________________________________________________________________

Northeastern ID: _________________________________________

Email: _____________________________________

Do you have a Social Security Number (SSN):  Yes   No

Since beginning your program at Northeastern University, have you received any financial sponsorship from your home government, the U.S. government, or other government agencies?

☐ Yes (if yes, please request an updated DS-2019 by completing the OGS I-20 or DS-2019 Request Form.)

☐ No

If your visa sponsor is Northeastern University, you must read and sign off on the following statements:

- I understand that each employment authorization will become part of my SEVIS record and that I must be authorized by the Office of Global Services before beginning on-campus employment. To do so, I will complete and submit this form before extending my current on-campus authorization or starting a new on-campus employment.
- I understand that on-campus authorizations cannot exceed one year at a time or occur alongside authorization for co-op or any form of Academic Training (AT).
- I will keep the Office of Global Services informed about any changes in employment dates with the same employer or additional on-campus employment by submitting an On-Campus Authorization Request Form at least 5 business days before a change takes place or starting new employment.
- I understand that I need to inform the Office of Global Services of any changes in my source(s) of financial sponsorship and that I need to maintain full-time enrollment for the entire length of my academic program at Northeastern.
- I understand that I must complete Form I-9 on or before the first date of employment listed in Part II of this form.
- I understand that if I do not have a Social Security Number (SSN), I will report it to the Office of Global Services and Student Employment Office as soon as I have one. Furthermore, if I need to apply for a Social Security Number, I understand that the Social Security Administration does not accept applications submitted more than 30 days before my listed start date in Part II of this form.

Student’s Signature: ___________________________________________  Date: ____________________________

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Part II: Employment Information (to be completed by the supervisor)

This is a request for: ☐ New on-campus employment ☐ A change to existing on-campus employment

Employer Identification Number (EIN): 04-1679980   Employer’s Name: ________________________________

Employer’s Address: _________________________________________________________________________________

Start Date (first day of work for pay)*: ________ / ________ /_________     End Date: ________ / ________ /_________

*Note: start date must be at least 5 business days into the future

Number of hours worked per week (up to 20 hours while school is in session; up to 40 hours during breaks): ________

Employment Type (please check one):    Fellowship              Scholarship               On-premises
☐ Other (please specify nature of employment): ______________________

Supervisor’s Name: _________________________________________________________________________________

Supervisor’s Phone Number: _________________________  Supervisor’s Email: ____________________________

Supervisor’s Signature: ____________________________________________   Date: __________________________

Part III: Certification by the Office of Global Services

I, as a Responsible Officer (RO)/Alternative Responsible Officer (ARO), certify that the above named student is in J-1 student status and is currently enrolled full-time at Northeastern University. The student has been offered on-campus employment as described above, and I grant on-campus authorization to this student at the listed department/office from:

   ________ / ________ /_________ to ________ / ________ /_________

Name of OGS RO/ARO: _________________________________________________________________________________

Signature of OGS RO/ARO: ____________________________________________ Date: __________________________