**Authorization of CASE**

**On-Campus Employment at an Off-Campus Location**

1. **Student Information:** SUID:

Name:

Email: Degree/Major:

Expected date of completion for all academic requirements:

1. **THIS FORM SERVES AS APPROVAL FOR WORK AUTHORIZATION WITH CASEAFFILIATE**   **DURING THE FOLLOWING DATES: (Company Name)**

Employment start date: End date on I-20 document:

1. ***Students should attach copies of the following for each employer to verify affiliation with CASE and that it is integral to their program of study:***

□ a copy of a CASE affiliation agreement with the affiliated company

□ a co-op offer letter for the accepted CASE placement

***Once authorized, students are responsible for maintaining all appropriate documentation and monitoring total hours worked. Students are permitted to work up to 20 hours per week, inclusive of all employment, during an academic semester and full-time only during breaks (winter break, spring break and summer ONLY).***

1. **Student Statement of Educational Objectives**
2. How will the proposed employment experience help your academic objectives? If possible, provide examples of coursework you have completed or plan to complete that relates to this experience.
3. Describe the job duties of the proposed co-op.
4. What are the expected outcomes and deliverables for this co-op experience?

**I understand that the Slutzker Center, in signing the attached CASE Authorization Form, has authorized me to work for Syracuse University as an extension of on-campus employment at the company noted on the form per 8 CFR 214.2(f)(9)(i). I am limited to 20 hours per week of work total, including any other on-campus employment, during the spring and fall terms. I may work over 20 hours per week during the University’s winter and summer breaks. I also understand that if I later receive Curricular Practical Training authorization from the Slutzker Center to work at this company, I will not be able to work again at the company under the extension of on-campus employment provision, but instead will have to receive an extension of my CPT work authorization (full-time or part-time).**

Student Signature Date

**5. APPROVAL OF ACADEMIC ADVISOR:**

*Employment with a CASE affiliate is integral to the student’s academic program and related to the field of study, as the student describes in the Student Statement of Educational Objectives (above).*

Academic Advisor’s Signature Name (print) Date

**CERTIFICATION OF CASE PROGRAM MANAGER:**

**David C. DiMaggio David C. DiMaggio**

Signature Name (print)

**6. Employment Authorization from SCIS Advisor:** This student is authorized for employment with the CASE at the company named above per 8 CFR 214.2(f)(9)(i) (F-1 extension of on-campus employment).

International Student Advisor’s Signature Name (print) Date

**\*\*Students, please give the original copy of this form and all supporting documents to David DiMaggio at the CASE and keep a copy for your files as documentation of your work authorization.**

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