



Exchange Student Employment Form

To be completed by the Student:

First Name: _____ Last Name: _____

Date of Birth: _____ Phone: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Number of Hours per Week: _____

Employment Begin Date: _____

Employment End Date: _____

Employment Type: • On-Campus • Off- Campus

On Campus Employment Type: • Sodexo
(Circle one) • Bookstore
 • Department
 • Other _____

Off Campus Job Description: _____

Additional Comments: _____

Signature: _____ Date: _____