



Student's Full Name: \_\_\_\_\_

Prior to engaging in employment or an internship, this student requires authorization from Florida State University's Center for Global Engagement. Please provide the information below so that we can evaluate the student's eligibility and have the details required for an authorization.

When authorization is granted, the Center for Global Engagement will notify the employer via email to the address in the signature box below. The student may only engage in the employment/internship during the dates authorized on Page 2 of the student's I-20 Certificate of Eligibility for Nonimmigrant Student Status.

Company Name: _____ Physical Address: _____
--

**Employment Information**

Proposed Position Title: _____ Position Description and Duties: _____ _____ _____ _____ _____ _____ _____ _____ _____ Proposed Start Date of Employment: _____ End Date of Employment: _____ Hours per week: _____ Paid:      Yes      No
--

The employer agrees to cooperate with the school in achieving the curricular purposes of the employment/training. I confirm that the information provided on this form is true and accurate and I understand that the student requires authorization prior to beginning employment/internship. Supervisor or HR Representative _____ Title _____ Phone Number: _____ Email _____ Signature _____
---