

OIP On-Campus Employment Certification (OCEC) Form

F-1 students send to <u>f1@sfsu.edu</u>. J-1 students send to <u>exchange@sfsu.edu</u>. Email from your SF State email address. We accept digital signatures, scanned copies, and high resolution/clear pictures of the completed form.

Student Information								
Last Name:		First Name:						
SF State Student ID:		Phone:						
Passport Expiration Date	::	I-94 Number:						
F-1: I-20 End Date:		J-1: DS-2019 E	nd Date:					
Note: Your I-20/DS-2019 end date is subject to change, such as in cases of termination, academic disqualification, transfer out, extensions, work authorizations after program end date (OPT/Academic Training), etc. You may work on-campus up to the last semester you are studying as a student (F-1 students on FTE/RCL Completion semesters can work with FTE/RCL approval).								
Do you already have a Social Security Number (SSN)? Yes. You will not need a new SSN to work on campus. No. You will need an SSN to work on campus, please submit an on campus job offer letter.								
Student Requirements and Responsibilities								
 I understand the information provided on <u>oip.sfsu.edu/ocec</u> I must maintain a valid F-1/J-1 status in order to work on campus. I must be covered under CSU-sponsored health insurance while working on campus. I can work up to 20 hours per week during the Fall and Spring semesters. I cannot work on-campus beyond my academic program completion date or the last day of finals, whichever comes first. 								
I have read, and now understand the above requirements. It is my responsibility to abide by the regulations governing the On-Campus employment and to maintain F-1/J-1 status. Failure to abide by the requirements will terminate my F-1/J-1 status and my ability to work and otherwise remain in the U.S.								
Student Signature:			Date:					
To Be Completed by Office of International Programs								
By signing this form, I am verifying that the above student is currently in active F-1/J-1 status and is eligible to work on campus until as long as s/he is satisfying the above listed requirements.								
Name and Title	Advisor Signature	ature		Date				
OIP Office Use Only								

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Date received:	Processed Date:	Processed By:	Scanned By:	