

**Assistantship Authorization Application**

Please **PRINT** your information below. This information will be used to update your SEVIS record & must be accurate. If we are not able to read your information your information cannot be updated in SEVIS. *Students in the English Language Institute (ELI) are not permitted for assistantships until in their program of study.*

**STUDENT SECTION**: *Please complete this section of the form if you are the student.*

LAST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current I-20/DS-2019 End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Visa type, excluding ELI students: \_\_\_\_F‐1 \_\_\_\_J‐1   
UNCP Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rights & Responsibilities**

1. I will not work without prior approval from IP & without the Assistantship Authorization Letter.
2. I will not work more than 20 hours a week, otherwise it will be a violation of my status.
3. I will only work on-campus, meaning UNCP will be issuing my paycheck.
4. I will only work from the first day of the semester until the last day, prior to exams.
5. I will not work past my program completion, which will be the last day of my last semester, prior to exams.
6. I will not delay my program of study for employment purposes.
7. I understand employment is secondary to the primary purpose of my status, which is to be a student.
8. I will work with the Payroll Office to complete all required employment forms.
9. I will obtain my Social Security Number (SSN), is needed.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**SUPERVISOR SECTION**: *Please complete this section of the form if you are supervising the assistantship. This form is not to be used for On-Campus Employment.*

Sponsoring Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistantship Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistantship End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: students can work only between the first day of the semester & the last day, prior to exams, each semester. Student must request a new approval for assistantships and submit a new assistantship form every semester & summer session.

Number of hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: F-1/J-1 students are not permitted to participate in an assistantship more than 20 hours a week. If 20 hours a week is exceeded it will be considered a violation of status & the student’s SEVIS record will be terminated.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_