



# VCU

Global Education Office

## J-1 On Campus Work Authorization

### Personal Information:

Last name	First	Middle
SEVIS Number <b>N</b>	V Number <b>V</b>	Date of Birth (MM/DD/YY)

### On Campus Employment Information:

Start Date:	End Date:
VCU Department:	Position:
Duties Assigned:	
Address where work will be performed:	
Hours per week:	

Supervisor Name	Email	Telephone Number
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**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_