

1. Personal Information ***Please write clearly***					
Family Name:	Given Name:		Coyote ID#:		
Female Male Cell/Home#:	L	Email:			
2. Visa Information					
Visa type: F1 J1 H1B Other:					
Employment authorization expires on (Ex. I-20 Program end date):		Postion on Campus (ex. Student Assistant):			
Decision will be available after 12pm on the 5th business day of your request.					
3. Select Reason *Student must submit all verifying documentation with this form*					
F1 Visa On-Campus Employment F1 Visa Curricular Practi			al Training Employment		
Passport copy I-797 copy (if necessary)		Passport copy I-7	97 copy (if necessary)		
☐ Visa Copy ☐ I-94		☐ Visa Copy ☐ I-9	☐ Visa Copy ☐ I-94		
☐ I-20 copy		I-20 copy with recom	mendation on back		
F1 Optional Practical Training Employment		☐ J1 Visa On-Campus Employment			
EAD Card copy		Passport copy I-797 copy (if necessary)			
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		☐ DS-2019 copy			
H1B Visa Employment		Other:			
Passport copy I-797 copy (if necessary)		_			
☐ Visa Copy ☐ I-94					
4. Signature:		Date:			
OFFICE USE ONLY		Received by:	Date:		
To be completed by DSO:					
Comments:					
Name:	DSO/ARO's Si	ignature:			
Title:	•	Date:			