It is the student's responsibility to file Income Taxes each year

Please bring the following with you when you submit your Application for an On-Campus Work Permission forms:

Your I-20 Form or DS2019 Form	Your I-94 card	Copy of your U.S.A. Social Security Card (for first time applicants only)
Current unofficial transcript	Your Passport	

Minnesota State University International Student Office

APPLICATION FOR ON-CAMPUS WORK PERMISSION

(Check all boxes that apply to you. A minimum of two boxes should be checked). There are **3-4 additional forms** to fill out in the ISO Office before the On-Campus Work Permission Application is complete by the student.

I am a:

- ❑ Undergraduate student applying for on-campus work authorization.
- ❑ Graduate student applying for on-campus work authorization.
- ❑ Graduate student awarded a Graduate Assistantship.
- ❑ Student applying for an on-campus work authorization for the **first time**.
  (Student is required to provide a copy of his/her U.S.A. Social Security Card to the ISO Office)
- ❑ Student **renewing (re-applying)** for on-campus work authorization.

NOTE: All international students must have a U.S.A. Social Security Number. It is the student's responsibility to provide The Hub at the MSU Registrar's Office with their U.S.A. Social Security Number before a work permit will be issued.

NAME: _____
Last First Middle

LOCAL ADDRESS: _____
Street Apt # (if any)

CITY: _____ STATE: _____ ZIP: _____

LOCAL PHONE NUMBER: _____ HOME COUNTRY: _____

VISA STATUS STAMPED ON I-94 CARD: _____ F-1 _____ J-1 ____ Other (Explain) _____

U.S.A. SOCIAL SECURITY NUMBER: _____ E-MAIL ADDRESS: _____

PASSPORT EXPIRATION DATE: (MM / DD / YR) _____

COMPLETION DATE ON I-20 FORM: _____
(Item #5 on I-20 or Item #3 on IAP-66) (MM / DD / YR)

EXPIRATION DATE OF CURRENT WORK PERMIT: _____
(If you have a current work permit and are renewing your permit) (MM / DD / YR)

PLACE OF EMPLOYMENT: _____ MAJOR: _____

I certify the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

****

(FOR ISO OFFICE USE ONLY)

Approved from _____ to _____

Comments: _____

Signature: _____ Date: _____