



THE UNIVERSITY OF TEXAS AT DALLAS

International Student Services
800 W. Campbell Rd., SSB34, Richardson, Texas 75080-3021
(972) 883-4189 ISSOCurrent@utdallas.edu

UT Dallas On-Campus Employment at an Educationally Affiliated Off-Site Location

Student Name: _____ Date of Birth: _____ UTD ID: _____

A. Instructions. Provide copy of affiliation agreement to the ISSO. Submit the original, completed form to the Human Resources office at the school/facility where you will work/conduct research. Keep a copy for your records.

8 CFR 214.2 (f)(9)(i) - On-campus employment must either be performed on the school's premises or at an off-campus location which is educationally affiliated with the school. In the case of off-campus locations, the educational affiliation must be associated with the school's established curriculum or related to contractually funded research projects at the post-graduate level. In any event, the employment must be an integral part of the student's educational program. Employment authorized under this paragraph must not exceed 20 hours a week while school is in session.

B. Certification of UT Dallas faculty member with oversight of the Educational Affiliation Agreement (handwritten signature required).

As the UT Dallas faculty with oversight of this UT Dallas Educational Affiliation Agreement, I verify that it is associated with UT Dallas' established curriculum or is related to contractually funded research projects at the post-graduate level.

Copy of Affiliation agreement has been submitted to the ISSO (circle one): YES NO

Academic Department: _____

Name (Please Print): _____ Phone: _____

Signature: _____ Date: _____

C. Certification of UT Dallas faculty advisor of the F-1 student participating in the Educational Affiliation.

Name of Student Participating in Research/Employment: _____

Student's Degree Program: _____

Participation start date (MM/DD/YYYY) _____

Participation end date (MM/DD/YYYY) _____

Name of off-site work location _____

Related Coursework (indicate course code if applicable): _____

Description of the integral nature between this affiliation and the student's educational program:

I verify that participation in this educational affiliation is an integral part of the student's educational program.

Academic Department: _____

Name (Please Print): _____

Academic Advisor Signature: _____ Date: _____

D. Certification of UT Dallas ISSO International Student Advisor.

I verify that the above student is an F-1 student maintain status at UT Dallas. The student is authorized to work up to 20 hours per week while school is in session and up to 40 hours per week during official school breaks. Per the above regulation, this authorization extends to the above off-site location to perform duties required by an approved affiliation agreement or research project.

Name _____ Signature: _____ Date: _____