DECLARATION OF OFF-SEMESTER

Student Name: ___________________________ Student ID: ___________________________
(Please Print)

Semester: ___________________________ Year: ___________________________

It is understood that during the off-semester it is permissible to work more than 20 hours per week, but not more than 40 hours per week, pending supervisor’s approval.

Student Signature: ___________________________ Date: ___________________________

Supervisor’s Signature: ___________________________ Date: ___________________________

Department: __________________________________________________________

Student Assistant: ______________ College Work-Study: ______________

College Work-Study Students must enroll for the requisite number of credit-hours and satisfy all work-hours conditions as required by the Office of Student Financial Aid. For further information, please visit http://financialaid.wayne.edu.

International students: Prior to submitting this form to Career Services, students must contact the Office of International Students and Scholars for authorization.

Upon completion, please fax, campus mail, or hand deliver to Career Services.