

**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.*