

DECLARATION OF OFF-SEMESTER

Student Name: _____ Student ID: 00
(Please Print) (8 digits)

Student Signature: _____ Date: _____

Semester: _____ Academic Year: _____

Student Assistants/College Work-Study Students may declare one semester of each academic year as an off-semester. 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.

Supervisor's Signature: _____ Access ID: _____

Department: _____ Date: _____

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, international students must contact the **Office of International Students and Scholars** for authorization.

Upon completion, please email to cdove@wayne.edu, fax, send via campus mail, or hand deliver to Career Services.