



ON-CAMPUS EMPLOYMENT APPLICATION

Applicant's Information

Name (이름): _____ Date (접수일): _____ (mm/dd/yyyy)

Last (성), First (이름)

Degree Program(학과): _____ Student ID: _____

Address (주소): _____

Contact Number(연락번호): _____ SEVIS ID #: _____

Expected Work Area (희망근무분야): _____

Employment Time Frame (희망근무시간): _____

Please state reason for application in detail (신청 사유를 정확히 기재 바랍니다)

OFFICE USE ONLY

Received by (접수자): _____

Title (직책): _____

Date (접수일): _____ (mm/dd/yyyy)

Decision (결정사항): _____

Authorized Person's Name & Signature: _____

*신청자에 대한 결정사항은 개별 안내하며, 대학 게시판에도 공지됩니다.