



Washington Baptist University

4300 Evergreen Lane, Annandale, VA 22003
Phone: 703-333-5904 Fax: 703-333-5906 www.wbcs.edu

Work Study Request

Student's Name: _____ / _____ / _____
(Family/Last) (Given/First) (Middle)

Current Degree Program: _____

Expected Date of Completion: ____/____/____

Work:

- On Campus
- Off Campus

Curricular Practical Training:

Proposed Start Date: ____/____/____
 Proposed End Date: ____/____/____

Optional Practical Training:

Pre – Completion OPT:
 Proposed Start Date: ____/____/____
 Proposed End Date: ____/____/____

Post Completion OPT:
 Proposed Start Date: ____/____/____
 Proposed End Date: ____/____/____

Please Fill out if you are requesting work off campus or OPT:

Employer Name:		
Phone:	Email:	
Address:		
City:	State:	Zip:

Statement of Understanding:

- I have maintained valid F-1 status since I began at Washington Baptist University.
- I understand that I must report to the International Student Advisors any change to my name or address, or any interruption of OPT within 5 days.
- I understand that the policies at WBU apply to my work study program in order for me to maintain my F-1 status.

Student's Signature: _____ **Date:** _____

Recommendation: (To be completed by Academic Advisor)

The above named-student is in good academic standing: No Yes

The student has been making a normal progress towards the completion: No Yes

Name: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** ____/____/____