

**International Center for Students and Scholars  
126 Park Avenue, G-level  
Bridgeport, CT 06604  
Tel: (203) 576-4395  
Fax: (203) 576-4461  
internationaloffice@bridgeport.edu**

**To: Office of Student Employment**  
**From: International Center for Students and Scholars**  
**Re: Request for On-campus Employment Status for Student Hardship**

**Student (print full name) \_\_\_\_\_ UB ID: \_\_\_\_\_**

***Current University Policy Limits Hourly Student Employee Earnings to:  
15 hours per week***

**Is this student currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, how much does the student make? \$ \_\_\_\_\_ (per hour)**

**Student is a Graduate Assistant and receives  
a total scholarship and stipend in the amount of: \$ \_\_\_\_\_ (current semester)**

**Name: \_\_\_\_\_**

**Title: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**