

## F-1 STUDENT:

## Penn Netter Center CSSP Position at Off-Campus Location

NOTE: Do not begin the Penn Netter Center CSSP positions prior to receiving authorization from ISSS.

Part A: Penn Netter Center's Recommendation (complete	ed by full-time Penn staff)
Student's Last Name:	First Name:
Check one of the following (and attach evidence and/or a lett	ter explaining in detail):
The student's off-campus location is educationally associated with the University's established	y affiliated with University Pennsylvania, provided that it is curriculum; or
☐ The CSSP activities are related to contractually fu	nded research projects at the post-graduate level
Netter Center Program:	
Anticipated Dates of Employment: From:	To:
Off-campus location name and full address:  If more than one off-campus location, attach separate docume	entation with the list of the site names, full addresses, and dates.
Name of Netter Center Staff:	Signature:
Campus Phone #:	E-mail:
Part B: F-1 Student Information (completed by Student)	
Date of Birth:	e-mail:
Are you currently employed on campus? No Yes	Are you currently employed off campus? No Yes
<ul> <li>I have maintained valid F-1 status since I began my st</li> <li>I understand that I must report to ISSS any change to</li> </ul>	
Signature of Student:	Date:
	ta, photo, and expiration date), I-94 card, and I-20 when meetin ISSS advisor.
Part C: ISSS Authorization (completed by ISSS Advisor)	
Approved Denied for the following reason(s):	
Name of ISSS DSO/PDSO:	
Signature of ISSS DSO/PDSO:	Date:

This authorization is valid only for the aforementioned opportunity and dates.

Any changes will require new authorization from an ISSS advisor.