ECONOMIC HARDSHIP EMPLOYMENT AUTHORIZATION APPLICATION

OMB Approval No. 1115-0060

U.S. Department of Justice
Immigration and Naturalization Service

Certification by Designated School Official

SECTION A. This section must be completed by student as appropriate (Please print or type) :

1. Name: *(Family in CAPS)* *(First)* *(Middle)*	2. Date of birth:
3. Student admission number:	4. Date first granted F-1 or M-1 status:
5. Level of education being sought:	6. Student's major field of study:

7. Describe the proposed employment for practical training:

Employment based on severe economic hardship.

Beginning date : Ending date: Number of hours per week:

8. List all periods of previously authorized employment for practical training:

A. Curricular or work/study:	B. Post completion of studies

Signature of student: _____ Date: _____

SECTION B. This Section must be completed by the designated school official of the school the student is attending or was last authorized to attend:

9. I hereby certify that:

The student named above:

☐ Is taking a full course of study at this school, and the expected date of completion is: _____

☐ Is taking less than a full course of study at this school because: _____

☐ Completed the course of study at this school on (date): _____

☐ Did not complete the course of study. Terminated attendance on (date): _____

Check one:

X Economic Hardship authorized in accordance with 8CFR 214.2(f)(9)(ii)(c) until _____

☐ A. The employment is for practical training in the student's field of study. The student has been in the educational program for at least 9 months and is eligible for the requested practical training in accordance with INS regulations at 8CFR 214.2(f) (10).

☐ B. The endorsement for off-campus employment is based on the wage-and-labor attestation filed by the employer in accordance with the requirements set forth by the Secretary of Labor. The student has been in F-1 status for at least one year and is in good academic standing. Copy of the employer's attestation is attached.

☐ C. The employment is for an internship with a recognized international organization and is within the scope of the organization's sponsorship. The student has been in F-1 status for at least 9 months and is in good academic standing.

10. Name and title of DSO.	Signature:	Date:
11. Name of school: State University of New York at Buffalo	School file number: BUF 214F 0010.000	Telephone no.: 716-645-2258

For Official Use only
Microfilm Index Number:

(See instructions on reverse)

Instructions

A student seeking authorization for off-campus employment (F-1 only) or practical training (F-1 and M-1) must submit as supporting documentation to Form I-765, Application for Employment Authorization, a certification by the designated school official (DSO) of the school the student was last authorized to attend. Certification by the DSO is required of all students (F-1 and M-1) seeking authorization for employment of campus or practical training, including required or optional curricular practical training. The DSO must certify on Form I-538 that the proposed employment is directly related to the student's field of study. A copy of the DSO's certification must be mailed to the STSC date processing center, P.O. Box 140, Highway 25 South, London, KY. 40741.

All students requesting school certification must complete questions 1 through 6. Students requesting recommendation for practical training must complete questions 7 and 8. Answers to questions 7 through 9 may be continued on this page if needed.

M-1 students seeking extensions of stay must submit a completed Form I-539, Application to Extend time of Temporary Stay, supported by a current Form I-20M-N as appropriate.

Reporting Burden

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Justice, Immigration and Naturalization Service, HQPDI, 425 I Street N.W., Room 4034, Washington, DC 20536; OMB No. 1115-0060. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

Comments: _____

ECONOMIC HARDSHIP work permission in accordance with 8CFR 214.2(f)(9)(ii)(c)

is recommended for a one-year interval.

Signed on / / by .