

# University Advising Services

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## Student Employment Work Approval Form

)RU VWXGHQWV ZLWK OHVV WKDQ HDUQHG FUHGLWV

Student Name: \_\_\_\_\_ Student I.D.: Z \_\_\_\_\_  
(Please print) (Z Number)

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ FAU E-mail address: \_\_\_\_\_

FAU Undergraduate Institutional G.P.A \_\_\_\_\_ Primary Academic Advisor: \_\_\_\_\_

Check requested approval below:

Rationale for working more than 20 hours a week



Date petition received

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of UAS Advisor/Ass R F L Dean \_\_\_\_\_

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