

Student Employment – Certification of Intent to Enroll

Student Instructions:

SEO Signature

Complete this form if you want to work as a student employee during the summer, but are unable to pre-register for the term indicated below, due to a program-related reason. (Reasons such as having a registration hold for a balance owed on your student account or your preferred classes not being available are not acceptable. It must be a program-related reason and certified by the applicable University administrator.) By signing this form, you are certifying that you intend to register for at least half-time credits (6 credits for undergraduates and 5 credits for students in a Masters degree program) and will do so at your earliest opportunity.

Student employees are exempt from paying FICA (Social Security) taxes on earnings from a student job if working at the institution where they are currently registered for classes on at least a half-time basis. If you fail to register at least half-time for the term indicated, your student employment will be canceled and you may owe back FICA taxes to the IRS for hours you have worked as a student employee.

Student Name:		Student ID#:		
I c	ertify that I intend to register for at least half-timgister for at least half-time, my student employmed entended.	e credits during Fall qu		
Student's Signature		Date		
fol	Iministrative Authorization: I certify that the about lowing administrative, program-related reason: Applied for Master's program; CWU undergrade		•	lue to the
	(Registrar's office staff sign below)			
	Approved for student teaching (Course #) in the Fall; paperwork being processed			
	(Academic department secretary or professor sign below)			
	Internship learning agreement submitted and approved; paperwork being processed			
	(Career Services staff sign below)			
	Approved as Graduate Assistant for Fall quarter	r		
	(Graduate Studies staff sign below)			
	International student			
	(Office of International Studies Program staff si	ign below)		
	Other (SPECIFY	,)
	·			
Program Administrator Signature (see above)		Print Name	Department Name	Date
SE	CO Authorization: ☐ Request approved ☐ Request de	enied (not related to pro	gram)	

Date