



GEORGIA CHRISTIAN UNIVERSITY

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USA

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On-Campus Employment Application

Applicant's Information

Application Date (접수일): _____

Name (이름): _____

Department (학과): _____

Address (주소): _____

Contact Number (연락번호): _____

Student ID (학생번호): _____

SEVIS ID Number: _____

Expected Work Area (희망근무분야): _____

Employment Time Frame (희망근무시간): _____

Please State reasons for application in detail

(신청 사유를 정확히 자세히 기재 바랍니다):

Official Use Only

Received by (접수자): _____

Title (직책): _____

Date (접수일): _____

Decision (결정사항): _____

Authorized Person's Name and Signature with GCU Title: _____

Date: _____

신청자에 대한 결정사항은 개별공지하며, 개별임무고지 또한 개별 발송됩니다.