The International Student Work Opportunity Program (ISWOP) assists international graduate students who have financial need to receive an assistantship position in departments that otherwise would not be able to fully fund an assistantship. For an ISWOP award, ISSS provides half the salary and fringe benefits for a 25% or 50% graduate assistantship appointment, and the academic department funds the remaining half. Funds will be transferred directly to the department by the end of the fiscal year that the ISWOP was awarded. Receiving an ISWOP award may limit your eligibility to receive other types of ISSS funding. ISWOP awards can be granted for up to one academic year.

Eligibility Criteria: You must meet the following conditions to be eligible for an ISWOP award:

- Explain your financial need.
- Be admitted to and enrolled full-time in a graduate or professional degree program at the University of Minnesota - Twin Cities.
- Be in legal F-1 or J-1 student status.
- You must have held F-1 or J-1 student status at the U of MN-Twin Cities for at least 12 months.
- Your cumulative GPA must be at least 3.0.
- You must have completed at least 12 credits if a graduate student or 24 credits if a professional school student.
- ISWOP applications are not renewed automatically. Students must reapply for subsequent appointments after the current ISWOP award ends.
- Students enrolled in Grad 999 are not eligible to receive any funding.
- Students who have completed all their coursework and thesis credits are not eligible.

How to apply: Submit the following documents to ISSS

☐ The completed ISWOP application form
☐ Brief essay explaining your financial need
☐ (If applicable) Any documents you that explain your financial need, including medical bills, employment records, or financial documents
**Student Information**
To be completed by the student

ISWOP funds are limited. Priority will be given to students who have financial need and whose departments would not be able to hire a graduate assistant unless they receive ISWOP funding. Receiving an ISWOP award limits your eligibility to receive other types of ISSS funding.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>U of MN ID Number:</td>
<td>___________________________  Email Address:________________________</td>
</tr>
<tr>
<td>Your Gender:</td>
<td>☐ Female  ☐ Male  ☐ Other</td>
</tr>
<tr>
<td>Country of Citizenship:</td>
<td>___________________________  Date of Birth:________________________</td>
</tr>
<tr>
<td>Local Address:</td>
<td>(P.O. Box/Department Address not acceptable)</td>
</tr>
<tr>
<td>Street Address</td>
<td>Apt #</td>
</tr>
<tr>
<td>Phone (home):</td>
<td>___________________________  Phone (work): ___________________________</td>
</tr>
<tr>
<td>Visa Status: (check one)</td>
<td>☐ F-1  ☐ J-1</td>
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<tr>
<td>Degree:</td>
<td>____________________________________________</td>
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<tr>
<td>Academic Program/Major(s):</td>
<td>____________________________________________</td>
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<tr>
<td>Semester and Year First Admitted to U of MN:</td>
<td>____________________________________________</td>
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<tr>
<td>Semester &amp; Year of Expected Graduation:</td>
<td>____________________________________________</td>
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</table>
STUDENT CERTIFICATION: Please read carefully before signing

By signing below, you become responsible for and agree to be bound by the information on this application:

- I understand that ISSS International Student Work Opportunity Program (ISWOP) awards are given on the basis of financial need and that I must document/explain that such need has arisen due to circumstances that were unforeseen and beyond my control.
- I am a non-immigrant visa holder in valid F-1 or J-1 student status and have held that status at the U of MN for at least one year. I have been admitted to and am enrolled in a degree program at the UMNTC. I am not a dual citizen of the U.S. and another country; my spouse or parent does not hold an employment-based visa, permanent residency, or U.S. citizenship; I am not currently applying for a change of status to F-1/J-1 student; I am not changing my status from F-1/J-1 to any other non-immigrant visa; I am not in the process of applying for permanent residency during the current academic year, nor have I applied for it in the past.
- The information and the additional documents I provide with this application are true, accurate and consistent with all other documentation I have provided ISSS. I understand that if it is discovered that I have given false or misleading information on my ISWOP application, the accompanying materials, or the documents in my ISSS file, my financial assistance and/or request for assistance will be immediately revoked or denied, and I will become ineligible to apply for any ISSS funds in the future. In addition, legal and/or disciplinary action may follow.
- I understand that my award may be revised if I am found ineligible or if the award was the result of an error.
- I will notify ISSS immediately should any information on this application change.

Student Signature: ___________________________ Date: ____________
Department Information  
To be completed by the Department

ISWOP assists international graduate students who have financial need to receive an assistantship position in departments that otherwise would not be able to fully fund an assistantship. ISWOP pays for half of the salary and fringe benefits (tuition, health insurance, etc.) of a graduate assistantship. Assistantship appointments cannot be greater than 50% or less than 25%. ISSS transfers the funds directly into the department account the student is paid from before the end of the fiscal year. Please return this form to the student to submit to ISSS.

Department Name: ____________________________________________________________

Appointment details if ISWOP is granted:
☐ Semester & Year: ________, Hourly Salary: $_______, Estimate of Fringe Benefits: $_______  
  Appointment %: □ 50% □ 25%, Total Salary (including ISWOP): $______________________
☐ Semester & Year: ________, Hourly Salary: $_______, Estimate of Fringe Benefits: $_______  
  Appointment %: □ 50% □ 25%, Total Salary (including ISWOP): $______________________

Director of Graduate Studies/Department Head - this certifies approval of ISWOP request

Signature:_________________________________________________________ Date:___________

Name (please print):_____________________________________________________________

Email address:_________________________________________ Phone:____________________

Responsible Faculty Administrator - this certifies approval of ISWOP request

Signature:_________________________________________________________ Date:___________

Name (please print):_____________________________________________________________

Email address:_________________________________________ Phone:____________________

Payroll Administrator - this certifies approval of ISWOP request

Signature:_________________________________________________________ Date:___________

Name (please print):_____________________________________________________________

Email address:_________________________________________ Phone:____________________