



Homewood Student Affairs

Student Name: \_\_\_\_\_

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

I am pleased to offer you an appointment as a **Visiting Student Intern** in the \_\_\_\_\_ (Office/Department) at Johns Hopkins University, within the division of Homewood Student Affairs (HSA) for the period \_\_\_\_\_ through \_\_\_\_\_ (Start & End Date).

Your salary for the period will be \$\_\_\_\_\_. This is based on a weekly work schedule of \_\_\_\_\_ (hours). Compensation is paid semi-monthly on the 15<sup>th</sup> and last day of the month unless otherwise noted.

Your payroll classification will be Visiting \_\_\_\_\_ (Graduate or Undergrad Student) based on your enrollment status at \_\_\_\_\_ (Name of College or University). Please note, certification of your enrollment status from your home institution is required prior to your start date.

All visiting students to HSA are required to have and maintain adequate health insurance coverage for the duration of their appointment. You must also complete the Form 1-9 (Employment Eligibility Verification). Please go to <https://imagine.jhu.edu/channels/students/> to view the list of acceptable documents required to complete the I-9; you will be required to present original documents at the time of your I-9 appointment; copies cannot be accepted.

By accepting this appointment, you agree to abide by these and all university student policies. View student policies at <https://studentaffairs.jhu.edu/policies/university-student-policies/>

To confirm that you have read and fully understand the conditions of this appointment please sign, date, and return this letter back to the department administrator (see below). To avoid any delay in your start date, your signed acceptance should be received no later than 10 calendar days from the date of this letter.

We look forward to having you work with us!

Sincerely,

\_\_\_\_\_  
Hiring Department Admin (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Hiring Department Dean (print)

\_\_\_\_\_  
Signature

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I, \_\_\_\_\_, have read, understand, and accept the conditions of this appointment.  
Students Full Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date