

To Whom It May Concern:

This is evidence of on-campus employment

For: _____

Nature of student's job (e.g. wait staff, library aide, research assistant, etc.):

Start Date: _____ Number of Hours/Week: _____

Employer contact information:

73-6017987 (Employer Identification Number)

_____ (Employer Telephone Number)

_____ (Student's Immediate Supervisor)

Employer Signature (Original):

Signatory's Title

Date: _____

To be completed by the Office of International Student's and Scholars
Designated School Official – Original Signature

Typed or printed name

Phone: _____ Date: _____