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:

73-1383996   (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: __________