TO WHOM IT MAY CONCERN

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

(**Name of F-1 or J-1 Student**)

has been offered, or is already working in, general on-campus employment.

**Nature of student’s job** (e.g., waiting tables, library assistant, research assistant, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date**: \_\_\_\_\_\_\_\_\_\_\_\_** Number of Hours/Week: **\_\_\_\_\_\_\_\_\_\_\_**

Employer contact information: \_\_\_\_\_\_\_\_\_\_\_55-6000842\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Employer Identification Number (EIN)**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Employer Telephone Number**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Student’s Immediate Supervisor**)

Employer Signature (Original): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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