

To Whom It May Concern:

This is evidence of on-campus employment for: _____

(Name of F-1 Student – Last Name, First Name)

Nature of student's job: _____

(e.g., office assistant, server, research assistant, etc)

Start Date: _____

(mm/dd/yyyy)

Number of Hours/Week: _____

Employer Identification Number (EIN): _____

Employer Telephone Number: _____

Name of Student's Immediate Supervisor: _____

Employer's Signature (Original): _____

Signatory's Title: _____

Date: _____