

To Whom It May Concern:

This is evidence of on-campus employment for: _____

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

Start Date: _____ Number of Hours/Week: _____

Employer information:

Student's Immediate Supervisor: _____

Employer Signature: _____

Signatory's Title: _____

Date: _____ [Note: please print on appropriate letterhead]

To be completed by the Office of International Programs

Designated School Official – Original Signature

Typed or printed name

Phone

Date