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:**

Employer Telephone Number: ______________________

Student’s Immediate Supervisor: ______________________

Employer Signature: ________________________________

Signatory’s Title: ________________________________

Date: ______________

To be completed by the Office of International Programs

Designated School Official – Original Signature

________________________________________________________

Typed or printed name________________________________________

________________________________________________________

Phone: ___________________________ Date: ___________________________