

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: _____

52-600-2033 (Chartwells, etc. will have a different number)
(Employer Identification Number)

Employer contact
information:

(Employer telephone number)

(Printed name of student's immediate supervisor)

Sincerely,

Supervisor's signature (original)

Date

Supervisor's Title

*** Section below to be completed by ISSO ***

This is to certify that _____ is a full-time, F-1
student attending Towson University.

Designated School Official signature

Date

(Leave space for the DSO's stamp)

Phone