

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: _____

MC SPN EMPLOYER INSTITUTION SIGNATURE DATE (MM/DD/YY) TITLE OF POSITION (FT/PT) NUMBER OF HOURS PER WEEK (FT/PT) SIGNATURE