

To Whom It May Concern:

This is evidence of on-campus employment for

(Name - F-1 Student)

(Nature of student's job)

Start date _____ Number of hours/week _____

Employer Contact information

Employer Identification Number (EIN): 35-6001673 (Indiana University)

Employer telephone number: _____

Student's immediate supervisor: _____

Employer's Signature (original): _____

Signatory's title: _____

Date: _____