Wesleyan University

F-1 On-Campus Employer Letter
Supporting F-1 Student Social Security Card Application

To: Social Security Administration Field Office
         425 Main Street, 3rd Floor
         Middletown, CT 06457

I.   STUDENT INFORMATION

This is evidence of on-campus employment for

_____
F-1 Student Name (as appears on passport)

_____
Nature of Student's job (e.g., wait staff, cashier, library aide, research assistant, asst. teaching, etc.)

_____   _____
Start Date   Estimated Number of Hours per Week
                                                                          (F-1 Students cannot work more than 20 hours per week)

II.   EMPLOYER CONTACT INFORMATION

_____
Department Name

_____
Supervisor Name and Title

_____
Supervisor Telephone Number

_____
Supervisor Email Address

_____
Supervisor Signature (Original)

Employer Identification Number (EIN) 06-0646959