

To: Social Security Administration
From: California College of the Arts
Subject: Evidence of On-Campus Employment for International Student

PART I: To be completed by On-Campus Employer

Student employee legal name : _____

Position Title: _____

Start date of employment: _____
(must be specific date with start date in future)

Number of hours/week: _____

Supervisor (name and title): _____

Description of job duties: _____

Employer Identification Number (EIN): 941156485

Supervisor's signature and date: _____

Supervisor's phone number: _____

PART II: To be completed by International Student Affairs & Programs (ISAP) Office

This is to certify that the student named above is an international student attending California College of the Arts. The student is eligible for on-campus employment and is enrolled in a full course of study.

Designated School Official : _____

DSO Signature and date: _____

DSO Phone Number: _____