

Farmingdale State College

Date

To Whom It May Concern:

This is to certify that (Student's Name) _____ is an F-1 student attending the Farmingdale State College.

Our Employer Identification Number is _____.

The student will be engaged in on-campus employment, working in: _____
(Specify Research Foundation, college Bookstore, Aramark, etc.)

To be completed by the Employer:

Department/Business: _____

Title of Position: _____

Responsibilities: _____

Number of Work hours per Week: _____

Salary/Pay: _____

Start and End Date: _____

Employer Telephone Number: _____

Supervisor's Name and Title

Supervisor's Signature

For approval by The Office of International Education and Programs

Samantha Somma's Signature _____

Date _____

Return completed form to:

Office of International Education and Programs
Samantha Somma, DSO
Farmingdale State College
Laffin Hall Room 301
Phone: 631-420-2624
samantha.somma@farmingdale.edu