This is to certify that	To Whom It May Concern:	
(Name - F-1/J-1 Student) has been offered an on-campus employment with	This is to certify that	
		(Name - F-1/J-1 Student)
Nature of Student's Job:  Start Date:	has been offered an on-car	mpus employment with
Nature of Student's Job:  Start Date:		
Start Date: Number of Hours/Week: (Maximum 20 hours/week in Fall, Spring & Summer Semester)  Employer Contact Information:  (Employer Identification Number – EIN)  (Employer Telephone Number)  (Student's Immediate Supervisor)  Employer Signature (Original):		(Hiring Department at The Chicago School)
(Maximum 20 hours/week in Fall, Spring & Summer Semester)  Employer Contact Information:  (Employer Identification Number – EIN)  (Employer Telephone Number)  (Student's Immediate Supervisor)  Employer Signature (Original):	Nature of Student's Job:	
(Maximum 20 hours/week in Fall, Spring & Summer Semester)  Employer Contact Information:  (Employer Identification Number – EIN)  (Employer Telephone Number)  (Student's Immediate Supervisor)  Employer Signature (Original):		
Employer Contact Information:  (Employer Identification Number – EIN)  (Employer Telephone Number)  (Student's Immediate Supervisor)  Employer Signature (Original):  Signatory's Title:  DSO Name: DSO Signature:	Start Date:	Number of Hours/Week:
(Employer Identification Number – EIN)  (Employer Telephone Number)  (Student's Immediate Supervisor)  Employer Signature (Original):	(Maximum 20 hours/week	in Fall, Spring & Summer Semester)
(Employer Telephone Number)  (Student's Immediate Supervisor)  Employer Signature (Original):  Signatory's Title:  DSO Name: DSO Signature:	<b>Employer Contact Informa</b>	ntion:
(Employer Telephone Number)  (Student's Immediate Supervisor)  Employer Signature (Original):  Signatory's Title:  DSO Name: DSO Signature:		
(Student's Immediate Supervisor)  Employer Signature (Original):  Signatory's Title:  DSO Name: DSO Signature:	(Employer Identification N	umber – EIN)
(Student's Immediate Supervisor)  Employer Signature (Original):  Signatory's Title:  DSO Name: DSO Signature:	/Employer Telephone Num	
Employer Signature (Original):  Signatory's Title:  DSO Name: DSO Signature:	(Linployer Telephone Num	bel j
Signatory's Title:  DSO Name: DSO Signature:	(Student's Immediate Supe	ervisor)
Signatory's Title:  DSO Name: DSO Signature:		
Signatory's Title:  DSO Name: DSO Signature:	Employer Signature (Origin	nal):
DSO Name: DSO Signature:		
	Jighatory S Title.	
	DSO Name:	DSO Signature:
Dutc		
		Date

## Working while Awaiting an SSN

An F-1/J-1 student may work while the Social Security number application is processed.

