



TheChicagoSchool[®]
of Professional Psychology



To Whom It May Concern:

This is to certify that _____
(Name - F-1 Student)

has been offered general on-campus employment.

Nature of Student's Job:

Start Date: _____ **Number of Hours/Week:** _____

Employer Contact Information: _____
(Employer Identification Number – EIN)

(Employer Telephone Number)

(Student's Immediate Supervisor)

Employer Signature (Original): _____

Signatory's Title: _____

Date: _____