



TO: Social Security Administration
2010 N. Hwy 360
Grand Prairie, TX 75050

ON CAMPUS EMPLOYMENT VERIFICATION

This is evidence of employment for
(Student's Name)

UT ID #

Employer:
(On Campus Department)

Position:
(Teaching Assistant, Graduate Research Assistant, etc)

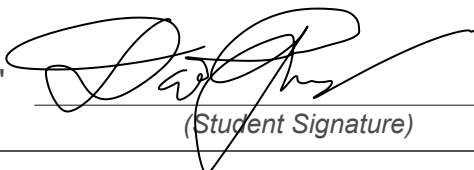
Start Date of Employment: Number of Hours/Week:

Employer Contact Information:
(Employer email) (Telephone Number)

(Student's Immediate Supervisor)


(Employer's Signature & Title)
(Date Signed)

"I accept the above named employment offer."


(Student Signature)
(Date Signed)

For International Office Use Only
DSO VERIFICATION

- ☐ I certify that the above named student is in bona fide F-1 Status and is eligible for employment per USCIS regulations.
- ☐ I certify that the above named student is in bona fide J-1 Status and is eligible for employment per USCIS regulations.

DSO Signature _____

Date Signed _____

Phone Number

Printed Name and Title