Please print letter on departmental letterhead.

To Whom It May Concern:	
This is to certify that	. LSU ID#
has been offered, or is already working in, general on-ca	mpus employment.
On-campus employer (department, unit, etc.):	
Nature of student's job: (select all that apply) Teaching assistant Research assistant Service assistant	
Employment Start Date: Nur (Month / Day / Year)	mber of Hours/Week:
Employer contact information:72-600084	8
(Employer Identifie	cation Number [EIN])
(Employer Telepho	one Number)
(Student's Immedia	ate Supervisor)
Employer's original signature:	
Signatory's Title:	
Date:(Month / Day / Year)	
To be completed by DSO at International Student Service	es Office, 101 Hatcher Hall, LSU:
This is to certify that	is an F-1studen
attending Louisiana State University.	
Designated School Official - Original Signature	Date
	(225) 578-3191
Typed or Printed Name	Phone