Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Social Security Administration; Human Resources

Re: Evidence of Authorized On-Campus Employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CWID:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Job Title:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **EIN:**  | \_84-6000551\_\_\_\_\_ |
| **Start Date:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Hours/Week:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employing Department:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor Name:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor Phone:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Certification:***

*I certify that the above-named student is enrolled in a full course of study at Colorado School of Mines and is eligible to work on campus. According to our records and to the best our knowledge, this student is maintaining their non-immigrant status in relation to their appropriate visa classification and is hereby eligible for on-campus employment pursuant to the F-1 regulation detailed in 8CFR214.2(f)(9)(i) or J-1 regulation detailed in 22CFR62.23(g)(2).*

Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_