



To Whom It May Concern:

This is to certify that _____, LSU ID# _____, has been offered, or is already working in, general on-campus employment.

On-campus employer (department, unit, etc.): _____

Nature of student's job: Teaching assistant Student Worker
(select all that apply) Research assistant Other: _____
 Service assistant

Employment Start Date: _____ Number of Hours/Week: _____
(Month / Day / Year)

Employer contact information: _____
72-6000848
(Employer Identification Number [EIN])

(Employer Telephone Number)

(Student's Immediate Supervisor)

Employer's original signature: _____

Signatory's Title: _____

Date: _____
(Month / Day / Year)

To be completed by DSO at International Services Office, 101 Hatcher Hall, LSU:

This is to certify that _____ is an F-1 student attending Louisiana State University.

Designated School Official - Original signature

Typed or Printed Name

Date
(225) 578-3191
Phone