

Social Security Administration

1101 West Chester Pike

West Chester, PA 19382

On Campus Employment Verification Form

Section 1: To be completed by the Student's Employer (Please Print)

Student's Name as stated in the Passp	oort:	
Student's University ID Number:		
Place of Employment: West Chester I	University/Employment Verification Number: 232	417773
Nature of Student's Job (Such as library a	aide, research assistant, food preparer):	
Employment Start Date:	Number of hours per week:	
Name:	Email Address:	
As the stude	ent's employer, I verify the above stated employment informa	tion is accurate.
Employers may wish to refere	ence SSA's fact sheet, <u>Employer Responsibilities Wh</u>	en Hiring Foreign Workers.
Section 2: To be completed by the D	SO in the Center for International Programs	
I verify that the above nan	ned student is enrolled as a full-time student at We	est Chester University.
Printed Name, DSO	Signature, DSO	Date (mm/dd/yyyy)

Center for International Programs \sim Mitchell Hall \sim 675 S. Church Street \sim West Chester, PA 19383 Phone: 610-436-3515 \sim Fax: 610-436-3426 \sim Email: international@wcupa.edu