

Farmingdale State College

Date

To Whom It May Concern:

This is to certify that (Student's Name)_____ is an F-1 student attending the Farmingdale State College.

Our Employer Identification Number is_____.

The student will be engaged in on-campus employment, working in:_____
(Specify Research Foundation, college Bookstore, Aramark, etc.)

To be completed by the Employer:

Department/Business:_____

Title of Position:_____

Responsibilities:_____

Number of Work hours per Week:_____

Salary/Pay:_____

Start and End Date:_____

Employer Telephone Number:_____

Supervisor's Name and Title

Supervisor's Signature

For approval by The Office of International Education and Programs

Samantha Somma's Signature_____

Date_____

Return completed form to:

**Office of International Education and Programs
Samantha Somma, PDSO
Farmingdale State College
Laffin Hall Room 301
Phone: 631-420-2624
samantha.somma@farmingdale.edu**