Department Letterhead

To whom it may concern:

This is evidence of on-campus employment for:

\_\_\_\_\_\_(Legal Name – no nickname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name – F-1 Student)

This student is a fully funded graduate student receiving a stipend from Dartmouth College.

Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/Employer contact information:**

Dartmouth College Employer Identification Number (EIN): 02-0222111

Student’s Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Signature (Original):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office of Visa and Immigration Services DSO certification:**

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

Immigration Advisor / DSO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immigration Advisor / DSO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: (603) 646-3474