

Social Security On-Campus Work Authorization for F-1 Students

To Whom It May Concern:

Email contact of Supervisor

The following F-1 student is in lawful non-immigrant status at Montgomery College. S/he has been offered on-campus employment (see details below) and is authorized for this employment under the regulations governing F-1 status found at 8 CFR 214.2 (f)(9)(i)

Student's Name	Last:	n – Coll	ipietea by Studer First:	oleted by Student (Please print clearly) First:		
Date of Birth	Month:	Day:	Year:			
Name and leastion as	ication of Employer – f On Campus Hiring Depart	- Compl	eted by Hiring D	epartment/Supervisor		
Name and location of	TOII Campus Tirring Depart	inciit.				
Employment Identification Number (EIN)		[] College:				
52-0891845 (change for Bookstore)			[] Other Company:			
Employer Telephone	2 /		[] Other Compar	1y:		
Employer relephone	rumoer					
Student's Position Ti	tle					
Dates of Employment (Actual or Anticipated)		Start:	End:			
	(* (* 14 voor 91 1 11 voor p oor 1)					
Hours per Week						
Position Description						
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			<u>_</u>			
g Department/Supervisor (Signature) Date		Registrar's	s Office (DSO) (Signature)	Dat		
ng Department/Supervisor (Printed Name) and Title				egistrar's Office (DSO) (Printed N	Name)	
	,				,	
				d School Official		
			Tel. ()		