



# Southern Connecticut State University International Student Employment Verification Form



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

Student's Name: \_\_\_\_\_

**Status:**    Undergraduate     Graduate

Student I.D. #: \_\_\_\_\_

Department Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employment End Date: \_\_\_\_\_

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Supervisor's Name: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

**This form needs to be completed and returned to the International Student Services Office before a letter for the Social Security Department is issued to the student.**