RA/TA Employment Verification Form

Date: _______________________

To Whom It May Concern:

________________________________ has secured part-time employment in the department of

Name of F-1 Student

Employing Department

Employment Details:

➢ Position (check one): □ Research Assistant □ Teaching Assistant

➢ Semester employed (check one): □ Spring □ Summer □ Fall

➢ Year: _________

➢ Start Date: _____________

Employer information: 74-1109620

Employer Identification Number (EIN)

713-348-__________________

Employer Telephone Number

___________________________________________
Student’s Immediate Supervisor (print)

___________________________________________
Signature of Supervisor (original)

__ ____________________________________________
Title of Supervisor

______________________

Date