International Student & Scholar Services Office

EMPLOYMENT VERIFICATION LETTER

PLEASE HAVE THIS FORM FILLED OUT AND SIGNED BY YOUR SUPERVISOR AND SUBMIT IT TO: ISSS@SMU.EDU OR FAX IT TO: 214-768-1051

SMU ID NUMBER: _____

Last and First Name: _____

Today's Date _____

Job Title: _____

Type of employment: Permanent _____ Volunteer _____

Self-Employed (Work for Hire) _____Self-Employed (Business Owner)_____

Employment Start Date: _____ Employment End Date (Previous Employer)_____

Number of Hours per week: _____

Company Name: _____

Company Address:

_____

Street Address City State Zip Code

Name of Supervisor: _____

Supervisor Contact Information: _____ _____

Email Address Phone Number

_____ _____

Supervisor's Signature Date and Stamp

Please indicate any dates of unemployment_____

Have you departed the U.S. and desire to complete your OPT status? ____Yes ___No

Current F-1 student Residence Address:

_____

Street Address Apartment number (if applicable)

_____

City State Zip Code Country