

**STUDENT LETTER OF CERTIFICATION APPLICATION
FOR SOCIAL SECURITY NUMBER
ONLY FOR STUDENTS WITH ON-CAMPUS EMPLOYMENT**

*Attach the following documents: Original Form I-94 and letter from on-campus employer.
MUST BE CURRENTLY REGISTERED.*

Last Name _____ First Name _____

Nonimmigrant Status: F-1 ____ J-1 ____ Other (indicate which one) ____

Level of Education being sought in the United States (check only one):

Bachelor's _____ Master's _____ Doctorate _____ Exchange Student _____

Major _____

Graduation Date _____
(month/year)

I certify that the above information is true.

Signature of Student _____ Today's Date _____