NEW YORK INSTITUTE OF **TECHNOLOGY**

To Whom It May Cond	cern:	
This is to certify that _time at New York Inst	itute of Technology. This student	is an F-1 student attending full has been offered general on-campus employment.
On-campus Departme	ent:	
Nature of Employmen	t:	
Start Date:	End Date:	Hours per week:
Employer Name: New York Institute of Technology		EIN#11-1788788
Direct Supervisor Original Signature		Phone
Direct Supervisor Name and Title (Print)		Date
Officer certifies that t	he above named student is allowe	(1) (i-ii), this Designated School Official/Responsible ed to work on-campus a cumulative maximum of 20 uring vacation periods and summer.
I confirm that this is a validated in SEVIS.	New York Institute of Technology	student in good immigration standing and has been
X		
DSO Original Signatur	re - No Stamps	Phone
DSO Name and Title (Print)		Date