

To whom it may concern:

This is to certify that _____ has been offered,
or is already working in a Fellowship or Graduate Assistantship.

The work portion of the fellowship or graduate assistantship is described below:

Nature of the student's work: _____

Number of Hours/Week: _____

Employer contact information:

EIN: 37-0986220

Employer Telephone: _____

Student's Immediate Supervisor: _____

Employer Signature (original): _____

Signatory's Title: _____

Date: _____