

## Social Security Verification Form for Barnard College International Students

		Personal I	nformatior	ı		
Full Name:						
Date of Birth:	Last		SEVIS #:	First		M.I.
Uni:			Status:	F-1	J-1	
	To be Complete	d by the Hiring	Official in t	the Hiring D	epartment	
Employing De	partment or Office:					
Phone:			EIN:	13-162814	9	
Start Date:	End Date: Hours/Week:					
Job Description	n:					
Hiring Officials	Name:					
Title:						
Signature: _	Date:					
This is to serve as notification that the student listed above has been offered employment.  I understand that F-1 students are not eligible to work more than  20 hours per week while school is in session.						
To be Completed by International & Intercultural Student Programs						
eligible to ac is permitted	ed that this student in cept employment on on campus employment is permitted during semester.	the Barnard Coll nent up to 20 ho	ege campu urs per we	ıs. Per 8CF ek while sch	R 214.2(f)(9)(i ool is in sessi	), this student on. Full-time
Name:						
Signature:						