



**Weill Cornell
Medicine**

Graduate School of
Medical Sciences

International Student (F1 / I-20) Social Security Number Request

This is evidence of on-campus employment for: _____

This student will be working in: _____

Nature of student's work (research assistant, graduate assistant, etc.):

Start Date: _____ Number of Hours/Week: _____

Weill Cornell Medicine – Graduate School of Medical Sciences' EIN: 13-1623978

Student's Immediate Supervisor (print): _____

Supervisor's Signature: _____

Signatory's Title: _____

Employer Telephone Number: _____

FOR INTERNATIONAL STUDENT SERVICES USE ONLY

I certify that this student is enrolled full-time as a student at Weill Cornell Medicine and has a position of employment. Please issue this student a Social Security Number.

Signature of Principal Designated School Official / Designated School Official

Type or Printed Name

Date

Phone

Email