F-1 Visa holders are ONLY allowed to apply for a SSN if they are employed at the time of application.

Social Security Representatives will be on campus to accept SSN applications
Tuesday, February 2, 2016
8:30am-1:30pm
Newman Center, Classroom 1

SSN APPLICATION CHECKLIST

IF YOU ARE MISSING ANY OF THESE DOCUMENTS YOU WILL NOT BE ABLE TO APPLY.

☐ Completed SS-5 Form: www.socialsecurity.gov/forms/ss-5.pdf (Note: On #5 Citizenship of the SS-5 form, check off “Legal Alien Allowed to Work”)

☐ Employment verification letter, signed by your employer: sample on back. (An IPO Advisor will sign letters on the application date above.)

☐ Original and copy of your current I-20

☐ Your passport and a copy of your biographical page and/or validity information in your passport.

☐ A copy of your F-1 visa

☐ A copy of your entry stamp in your passport

If you cannot apply on February 2 you will have to apply at the Holyoke SSA office.
See www.umass.edu/ipo/iss/social for details.
This is a sample employment letter to be used by F-1 students to apply for a Social Security Number.

**INSTRUCTIONS:** All of the following information needs to be transferred to the employer’s letterhead with original employer signature. Please give the letter to the student so they can obtain the required IPO signature.

[Today’s Date]

To Whom It May Concern:

This is evidence of on-campus employment for [Full name of F-1 student].

The nature of student’s job is [e.g. TA/RA, food services, clerical, etc].

Start Date: ________________ Number of Hours/Week: ________________

Employer contact information:

04-6002284

[Employer Identification Number (EIN)] Employer’s phone number

[Print name of student’s immediate supervisor]

________________________________________
Employer’s signature (original)

________________________________________
Signatory’s Title

I confirm that the above named student is in good academic standing and is authorized to work for the above-named employer.

________________________________________
International Student Advisor’s (DSO) signature Date

________________________________________
Print Name