

UTPB International Student Employment Verification Form

- Please have your department supervisor complete and sign this form.
- Return this completed form to international@utpb.edu to receive your DSO Support Letter.

Student Name: (as listed on passport) _____

UID: _____

DOB: _____

Phone: _____

UTPB Email: _____

Major: _____

Enrollment Term _____

(Fall/Spring/Summer)

Degree level: Undergraduate

Graduate

Job Title: _____

Department: _____

Start Date: _____

Supervisor Signature: _____

Date: _____

Contact email: _____

Phone: _____

Social Security Administration- Odessa

2015 E 27th St.

Odessa, TX 79762

1-866-404-1866