



Verification of Work Experience Hours

Employer: The faculty member listed below is applying for equivalent graduate credit based on work experience while employed by you. Please verify the hours completed during the academic periods listed.

<u>Semester</u>		<u>Dates</u>	<u>Hours Worked</u>
Fall	20____	August____ to December____	_____
Winter	20____	January____ to April____	_____
Spring	20____	May____ to June____	_____
Sumer break	20____	July____ to August____	_____

Name of faculty member/employee: _____

Name of firm or company: _____

Name of supervisor: _____

Description of work performed:

Signature of supervisor _____ Date _____