

Azusa Pacific University

GRADUATE AND PROFESSIONAL CENTER

Office of Graduate and Professional Admissions

Ed.D. in Educational Leadership: Verification of Experience

Please print or type.

Program code _____

Applicant's name _____
Last Maiden (if applicable) First Middle Initial

Program name _____ Social Security Number _____ - _____ - _____

Employer _____
Company Address

Applicant's signature _____ Date _____

Please provide record of five years of relevant experience with signature verification. List most recent experience first. For each assignment, provide a brief description of your responsibilities (Please photocopy this form as necessary to obtain each supervisor's signature).

Dates employed From: _____ To: _____	Location	Assignment
Employer or supervisor	Title of supervisor	Phone number

Brief description of responsibilities

Supervisor's signature _____ Date _____ Hours/Week: _____

Supervisor's name (print) _____ Position _____

Dates employed From: _____ To: _____	Location	Assignment
Employer or supervisor	Title of supervisor	Phone number

Brief description of responsibilities

Supervisor's signature _____ Date _____ Hours/Week: _____

Supervisor's name (print) _____ Position _____

Dates employed From: _____ To: _____	Location	Assignment
Employer or supervisor	Title of supervisor	Phone number

Brief description of responsibilities

Supervisor's signature _____ Date _____ Hours/Week: _____

Supervisor's name (print) _____ Position _____