

Azusa Pacific University

GRADUATE AND PROFESSIONAL CENTER

Office of Graduate and Professional Admissions

Statement of Experience

A résumé may be submitted instead of the Statement of Experience, except for Physical Therapy applicants who must use this form.

Please print or type.

APU ID number (if known): _____

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

Program name _____

Employer _____
Company Address

Applicant's signature _____ Date _____

Please provide record of relevant paid and volunteer assignments. List most recent experience first. For each assignment, provide a brief description of your responsibilities.

If the program for which you are applying requires verification of experience, your supervisor must sign this form.

DATES EMPLOYED		LOCATION	ASSIGNMENT
From:	To:		
EMPLOYER OR SUPERVISOR		TITLE OF SUPERVISOR	PHONE NUMBER

BRIEF DESCRIPTION OF RESPONSIBILITIES _____
Hours/Week: _____

DATES EMPLOYED		LOCATION	ASSIGNMENT
From:	To:		
EMPLOYER OR SUPERVISOR		TITLE OF SUPERVISOR	PHONE NUMBER

BRIEF DESCRIPTION OF RESPONSIBILITIES _____
Hours/Week: _____

DATES EMPLOYED		LOCATION	ASSIGNMENT
From:	To:		
EMPLOYER OR SUPERVISOR		TITLE OF SUPERVISOR	PHONE NUMBER

BRIEF DESCRIPTION OF RESPONSIBILITIES _____
Hours/Week: _____

Continued...

DATES EMPLOYED From: _____ To: _____		LOCATION	ASSIGNMENT
EMPLOYER OR SUPERVISOR		TITLE OF SUPERVISOR	PHONE NUMBER
BRIEF DESCRIPTION OF RESPONSIBILITIES			Hours/Week: _____

Physical Therapy applicants

Please specify if situations include therapy experience for:

- Transporter Modalities Observation Clerical Exercise Other (describe)

Please photocopy this form as necessary to obtain each supervisor's signature needed.

Supervisor's signature _____ Date _____

Supervisor's name (print) _____ Position _____