

VERIFICATION OF EDUCATIONAL EXPERIENCE

College of Graduate Studies
Jacksonville State University
700 Pelham Road North
Jacksonville, Ala. 36265
256-782-5329
256-782-5321 FAX

Educational experience is defined as full-time educational work in: (a) any state or local public school, regionally accredited postsecondary school, educational agency, or educational association; (b) an accredited, state registered, state-approved, and/or church-related nonpublic school; and (c) rehabilitation facilities for P-12 students. Educational experience as an intern, graduate assistant, student teacher or in positions such as substitute teacher, aide, or clerical worker will not be considered appropriate.

Nonpublic schools which are not church related must submit documentation of their accreditation with this form.

An individual verifying educational experience with educational agencies (other than local school systems), educational associations, or rehabilitation facilities for P-12 students shall also request that a description of the position held be documented on the organization's letterhead stationery, The letter shall bear the signature of the chief executive officer.

I. Personal data (to be completed by applicant):

Applicant: _____
 First Middle Maiden Last Name Suffix (e.g., Jr., Sr.)

Permanent Address: _____
 Street/Apt/ P.O. Box/ Route and Box City State ZIP Code

 Social Security Number Date of Birth Home Telephone Number Work Telephone Number

- PURPOSE OF SUBMISSION** (check one): _____ Admission to Education Administration program
 _____ Admission to Counselor Education program
 _____ Admission to Library Media program
 _____ Admission to Reading Specialist program

.II. Verification of applicant's experience (to be completed by employer):

- A. Employed: _____ Full-time _____ Part-time
 B. Was this experience satisfactory? _____ yes _____ No

 Name of School System, Nonpublic School, Institution or Appropriate Agency

From: MonthfYear	To: Month/Year	Grade(s) Taught	Subject Area(s)	Position Held	Part-Time Only: Hours/Day

**THE SUPERINTENDENT, HEADMASTER, DEAN OR APPROPRIATE DIRECTOR
 MUST SIGN THE BACK OF THIS FORM.**

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: ____ - ____ - _____

III. This is to verify that all information on this form pertaining to the above individual is true and correct:

Signature of Superintendent, Headmaster, Dean, Appropriate Director

Sworn to and subscribed before me this _____ day of _____

Typed or Printed Name and Position

School System, Nonpublic School, Institution, Appropriate Agency

SEAL and Signature of Notary Public

Address

My Commission Expires: _____

City/State, ZIP Code

Date

A NOTARY SEAL MUST BE AFFIXED TO THIS FORM.

DO NOT RETURN THIS FORM TO THE APPLICANT, MAIL IT TO THE ADDRESS ON THE FRONT OF THIS FORM.