

SAM HOUSTON STATE UNIVERSITY

NON-TRADITIONAL EDUCATION CREDIT PROGRAM

VERIFICATION OF WORK EXPERIENCE

The information on this form will be used to establish the extent to which the work experience of _____ can be substituted for academic credit.

Name of Applicant _____

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. What was the applicant's occupation job classification? _____
4. To the best of your knowledge, how many years of full-time work experience has the applicant had in the occupation job classification listed in No. 3? _____
5. How many of these years can you personally attest to? Please state the inclusive dates.

6. To your knowledge, has the applicant had any part-time experience in any other occupation or profession which you feel should be considered? If so, briefly describe that experience, including dates.

7. What were the major requirements of the work assignment of the applicant? _____

8. What is the applicant's professional reputation among colleagues and superiors?

9. Please make any other comment you deem necessary or helpful (use additional sheet if necessary.)

I swear that the above information, to the best of my knowledge, is true.

Name of person verifying work experience	Date
Your Title or Position	Business or Corporation

Return this form to: Department of Technology
Sam Houston State University
P O Box 2266
Huntsville, TX 77341