

## **Verification of Experience**

Please have your experience verified by your current and/or previous employer using this form. Experience must be verified by one of the following: Superintendent, Assistant Superintendent, Director of Personnel, Director of Human Resources or personnel in a similar position. You only need to verify experience that is appropriate for the issuance of your credential. School/District personnel other than applicant must verify all experience.

Alternatively, experience may be verified on the district or employing agency letterhead and signed by the Superintendent, Assistant Superintendent, Director of Personnel, Director of Human Resources, or personnel in a similar position.

The completed form OR verification on district/employer letterhead may be submitted by **one** of the following methods:

- Mail: UMass Global (Attn: Office of Admission) 16355 Laguna Canyon Road, Irvine, CA 92618
- 2. **E-mail:** apply@umassglobal.edu

| This is to verify that:          |           |                    |           |           |
|----------------------------------|-----------|--------------------|-----------|-----------|
|                                  | (/\       | ame of Applicant)  |           |           |
| Has been employed from:          |           | to                 |           |           |
|                                  | (MM/YYYY) |                    | (MM/YYYY) |           |
| In the position of (check one):  |           |                    |           |           |
| Teacher                          |           | Administrator      |           |           |
| Education Specialist             |           | Counselor          |           |           |
| Resource Specialist              |           | Other (specify):   |           |           |
| In the following grade or level: |           |                    |           |           |
| in the following grade of level. |           |                    |           |           |
| In the area or subject of:       |           |                    |           |           |
| Full-Time                        |           |                    |           |           |
| Part-Time (specify):             |           | hours/day          |           | days/week |
| Day-to-Day Substitute            |           |                    |           |           |
|                                  |           |                    |           |           |
| School/District Name:            |           |                    |           |           |
| Addross                          |           |                    |           |           |
| Address:                         |           |                    |           |           |
| Telephone Number:                |           |                    |           |           |
| Name of Verifier:                |           | Title of Verifier: |           |           |
| Signature:                       |           |                    | Date:     |           |