

VERIFICATION OF EXPERIENCE

DISTRICT INFORMATION	_____	_____
	Superintendent	School District

	District Address (Street, City, State, Zip)	
_____	_____	
District Phone (Please include area code)	District Fax (Please include area code)	

STUDENT INFORMATION	_____	_____
	(First, Middle, Last Name)	Student Social Security Number

TYPE OF APPLICATION	<input type="checkbox"/>	General Administrative Certificate (Type 75)	<input type="checkbox"/>	Superintendent's Endorsement

EXPERIENCE VERIFICATION	This is to verify that the individual listed above has completed _____ years of full-time experience in our school district. This individual has been employed in a certified position as: (check all that apply)		
	_____ Full-time teacher	_____ Number of years	
	_____ Full-time School Service Personnel (check all that apply)		
	_____ Counselor	_____ Number of years	
	_____ Psychologist	_____ Number of years	
	_____ Social Worker	_____ Number of years	
	_____ Nurse	_____ Number of years	
_____ Media Professional	_____ Number of years		
_____ Full-time Administrator in possession of a Type 75 Certificate	_____ Number of years		

SUPERINTENDENT SIGNATURE	_____	_____
	Signature of Superintendent	Date

MAIL FORM TO	Dr. John Dively, Department Chair, Department of Educational Leadership, Eastern Illinois University, 2320 Buzzard Hall, 600 Lincoln Avenue, Charleston, IL 61920
	For Questions or Information, please call 217-581-2919