

EASTERN ILLINOIS UNIVERSITY / DEPARTMENT OF EDUCATIONAL LEADERSHIP
VERIFICATION OF EXPERIENCE FORM

RETURN COMPLETED FORM TO ... Department of Educational Leadership, Eastern Illinois University,
2320 Buzzard Hall, 600 Lincoln Avenue, Charleston, IL 61920 ...
... email **edadmin@eiu.edu** or call **(217) 581-2919** for inquiries or assistance to fill out form

Specialist Degree in Education / Superintendent Endorsement (EDS)

STUDENT INFO

STUDENT NAME _____
(Last) (First) (MI)

E-Number (on Panther Card) _____ **IEIN # (ELIS)** _____

DISTRICT INFO

SCHOOL DISTRICT _____

Address _____
(Street) (City) (State) (Zip)

District Phone # () _____ **District Fax #** () _____

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 an Administrative Endorsement) Number of years: _____

NAME OF SUPERINTENDENT (please print) _____

Signature _____ **Date** _____

FOR OFFICE USE ONLY