FORM: NTEC 102WV

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