



Verification of Employment

A: TO BE COMPLETED BY THE WSU STUDENT

Your Full Legal Name: _____

Your Mailing Address (Street, City, State, Zip): _____

Your Phone: _____

Your Email Address: _____

Your MyWSU ID: _____

Your Academic Program: _____

Organization in Which You Are Employed: _____

Your Job Title: _____

B: TO BE COMPLETED BY SUPERVISOR /EMPLOYER REPRESENTATIVE:

P _____ R _____ A _____ OR _____ C _____

Name of Your Organization: _____

Your Name: _____

Your Title _____



WICHITA STATE
UNIVERSITY
COLLEGE OF EDUCATION

C. VERIFICATION (TO BE COMPLETED BY SUPEVISOR/EMPLOYER REPRESENTATIVE)

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