

PhD Work Experience Verification Form

Please submit this form to verify that the work experience requirement has been met, listing all activities that contributed to the generation of the work experience credits.

Submit the form:

- With your program plan, if your program planning committee affirms that prior work experience sufficiently fulfills the requirement
- To the Director of the Doctoral Program upon completion of the requirement

Name: _____

Identify the type of experience using the following codes:

- T = Teaching at the college/university level
- R = Research experience other than represented by the dissertation
- P = Practice experience in nursing

Title	Duration	Duties	Experience Fraction
			= ONE UNIT

Student Signature/Date _____

Program Plan Committee Chair Signature/Date _____

Program Director Approval:

This experience [DOES] [DOES NOT] fulfill this requirement.

Program Director Signature/Date _____