

CANISIUS UNIVERSITY
School of Education and Leadership Studies
Educational Leadership & Supervision Program

VERIFICATION OF PUPIL PERSONNEL EXPERIENCE

SECTION A: TO BE COMPLETED BY APPLICANT

Last Name: _____ First Name: _____ Middle Initial: _____

Other Name(s) by which you have been known: _____

Date of Birth: _____ Gender: Male Female

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

I hereby give my current or former employer permission to release any and all information required in Section B below:

Applicant Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY CURRENT OR FORMER EMPLOYING SCHOOL DISTRICT

Name of School District: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Beginning Date of Employment of Above Named Individual (Month/Day/Year) _____

Ending Date of Employment of Above Named Individual (Month/Day/Year) _____ OR Currently Employed

Individual's employment with you was: Full Time Part Time (_____ %)

Title of Professional Role Held: _____

Name and Title of Administrator Completing This Form: _____

Administrator's Signature: _____ Date: _____

PLEASE RETURN TO:

Canisius University
Graduate Admissions Office
2001 Main St
Buffalo, NY 14208