



Documentation of Employment or Access to an Organization

In order for students to take full advantage of the practitioner-scholar model, all applicants to the Doctor of Business Administration, Business Certificate and Doctor of Education in Higher & Postsecondary Education programs must either be employed or have access to an organization that is relevant to their degree program.

Please Print All Information

First Name _____ Middle Initial _____ Last _____

Address _____

City _____ State _____ Zip _____ Phone _____

Degree Program (Please check one)

- Doctor of Education in Higher and Postsecondary Education (EdD)
- Professional Graduate Business Certificate Concentration: _____
- Advanced Professional Business Certificate Concentration: _____
- Doctor of Business Administration (DBA) Concentration: _____

Verification of Employment or Access to an Organization (Please check one)

- I am currently employed (complete the next section). Job title: _____
- I have arranged to have access to an organization (complete the next section).
- I do not have access to an organization (please contact your Assistant Director of Admissions to discuss options).

Name of Organization _____

HR Contact _____ Phone _____

Address _____

City _____ State _____ Zip _____ Phone _____

Brief Description of Organization _____

Applicant's Signature _____ Date _____