



COLUMBUS STATE UNIVERSITY

Teaching Experience Verification Form

Applicants Seeking Admission to Graduate Programs requiring
Verification of Teaching Experience is required to complete this form
in addition to the Application for Admission.

PART A: To Be Completed by the Applicant. Please include signature.

Applicant's Name _____
Last First Middle Jr., etc.

Social Security Number _____

Field(s) in Education Programs:

Educational Leadership

Elementary Education

Middle Grades Education

School Counseling

Special Education

Teacher Leadership

___ Secondary Education in:

___ Biology

___ History

___ English Language Arts

___ Mathematics

Number of Years of Teaching and/or Administrative Experience: _____

Signature of Applicant: _____ Date: _____

PART B: To Be Completed by Superintendent or Designee. Please verify applicant's leadership position (as defined by the school system). Signature denotes leadership ROLE as defined by local school system.

Signature of Superintendent or Designee: _____

School System: _____

City/State: _____ Date: _____

**Please return this form to: Office of Admissions
Columbus State University,
4225 University Avenue
Columbus, GA 31907-5645
Fax: (706) 568-2462**

For information phone: (706) 507-8800 or toll-free 1-866-264-2035.

Index Code: TEAC