COLUMBUS STATE UNIVERSITY

Doctoral Program Office
College of Education and Health Professions
3121 Frank Brown Hall
706-565-1448 / edd@columbusstate.edu

Program Entry: Experience Verification Form

Part A: TO BE COMPLETED BY THE APPLICANT

_____   _____   _____
Last Name   First Name   MI

_____   _____
CSU ID (909*) Number   Degree Program

P-12 Experience Verification (for applicants to the EdD Curriculum and Instruction and Educational Leadership Tracks)

_____   _____
School Name   School District/System

Current Leadership Position(s) Held:

_____ Team Leader   _____ Leadership Team   _____ Department Chair   _____ Grade Level Chair

_____ Assistant Principal   _____ Principal   _____ Other _____

Years of Experience:

_____ **Teaching**   _____ **Administrative**

Higher Education Experience Verification (for applicants to the EdD Higher Education Administration Track)

_____   _____
College or University Name   Position(s)

Years of Experience:

_____ **Staff/Administrative**   _____ **Leadership/Supervisory**

Part B: TO BE COMPLETED BY THE SUPERINTENDENT OR SUPERVISOR
By signing this form, you are verifying that applicant's leadership experience as defined by the local system/corporation.

_____   Name of Superintendent/Supervisor (please print)

_____   Signature of Superintendent/Supervisor

_____ Date

_Documents can be submitted using the Online Portal for Uploading Admissions Documents or via email to data_entry@columbusstate.edu._