

Please return completed form to:

Division of Continuing Education
Attention: GOLD Program
University of Louisiana Monroe
700 University Avenue
Monroe, La 71209



GOLD PROGRAM EMPLOYER VERIFICATION FORM

Applicant: Please print or type your name and address and select the degree for which you are applying. A direct supervisor who knows your work in a professional setting should complete the form. You must be admitted to ULM before applying to the GOLD program. Verification of three years of full-time, post-high school work experience is required.

Applicant Information					
Print Name		Last	First	Middle	Maiden
Address (Street Name and Number)				Apt #	
City		State	Zip Code		
Email					
Degrees:	<input type="checkbox"/> Bachelor of General Studies	<input type="checkbox"/> Associates of General Studies		<input type="checkbox"/> Bachelor of Criminal Justice	
	<input type="checkbox"/> Bachelor of Business Administration	<input type="checkbox"/> Bachelor of Science in Health Studies (MRKT/MGMT)			
	<input type="checkbox"/> RN to Bachelor of Nursing	<input type="checkbox"/> Bachelor of Rad Tech			

I certify that all information given is complete and accurate. I authorize ULM to verify the information I have provided. I realize that falsification or the intentional omission of any information on this form may lead to rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. Admission to the University does not constitute admission to a degree program. I do hereby authorize Louisiana public postsecondary education access to my academic records. I give my permission for this employer verification to be sent to ULM.

APPLICANT'S SIGNATURE _____ DATE _____

For The Person Completing This Recommendation

Supervisor: The individual noted above is applying for admission to an online degree program at the University of Louisiana at Monroe. The requested recommendation will be used only for admissions purposes. It will not be made a part of the student's educational record, and no reference will be made to it for educational purposes once the application process is completed. This form should be completed by the direct supervisor of the applicant.

All sections must be completed. If additional space is needed, please attach on a separate page.

Print Name:		Last	First	Middle	
Organization/Business Name				Position/Title	
Address: (Street Name and Number)				Apt #	
City		State	Zip Code		
Email Address					

How long have you known the applicant?

What characteristics of the applicant lead you to believe that he/she can work in a fast-paced, online environment?

Please rate the applicant on the following attributes.

Attributes	Very Weak	Weak	Average	Strong	Very Strong
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to New Ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read & Follow Directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet Deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Of the attributes and abilities evaluated above, please comment on the following:

Applicant's area of greatest strength.

Area(s) where applicant could use greatest development.

Please indicate your overall recommendation of this applicant for an online degree program by checking the blank below.

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Signature: _____ Date: _____

Thank you for your help in this evaluation. We will keep your comments confidential.