Please return completed form to: Kitty DeGree School of Nursing University of Louisiana at Monroe 700 University Avenue Monroe, LA 71209 318-342-1567 (fax)

ONLINE PROGRAM EMPLOYER VERIFICATION FORM



DATE

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 an online program. Application for admission to ULM and the RN to BSN program is dependent upon completion of this form for employment requirement being met.

Applicant Information									
Print Name	Last	First	Middle		Maiden				
Address (Street	Name and Number)				Apt #				
City			State	Zip Code					
Email Address									
Degree seeking:									

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_____

For the Person Completing This Employer Verification

Supervisor: The individual noted above is applying for admission to the RN to BSN program at the University of Louisiana at Monroe. The requested information will be used for verifying employment as a RN and clinical site. This form will be kept as part of the student's permanent student record. This form should be completed by the direct supervisor of the applicant. All sections must be completed.

Print Name	Last	First	Middle			
Organization/Business Name				Position/Title		
Address (Street Name and Number)					Apt #	
City			State	Zip Code		
Email Address						
Number of Years Applicant has been Employed				Applicant's Position/Job Title		