

EASTERN ILLINOIS UNIVERSITY / DEPARTMENT OF EDUCATIONAL LEADERSHIP
VERIFICATION OF EXPERIENCE FORM

RETURN COMPLETED FORM TO ... Department of Educational Leadership, Eastern Illinois University,
2320 Buzzard Hall, 600 Lincoln Avenue, Charleston, IL 61920 ...
... email **edadmin@eiu.edu** or call **(217) 581-2919** for inquiries or assistance in filling out form

Specialist Degree in Education / Superintendent Endorsement (EDS)

STUDENT INFO

STUDENT NAME _____
(Last) (First) (MI)

E-Number (on Panther Card) _____ **IEIN #** (ELIS) _____

DISTRICT INFO

SCHOOL DISTRICT _____

Address _____
(Street) (City) (State) (Zip)

District Phone # () _____ **District Fax #** () _____

EXPERIENCE VERIFICATION

This is to verify that the individual listed above has completed _____ years of full-time administrative experience in our school district, and has been employed in a certified position as ...

Full-time Administrator (in possession of an Administrative Endorsement)
(please check all that apply)

Principal Number of years: _____

Director of Special Education Number of years: _____

Chief School Business Official Number of years: _____

Other Number of years: _____

NAME OF SUPERINTENDENT (please print) _____

Signature _____ **Date** _____

FOR OFFICE USE ONLY