

Verification of Employment

A: TO BE COMPLETED BY THE WSU STUDENT

Your Full Legal Name:							
Your Mailing Address (Street, City, State, Zip):							
Your Phone:							
Your Email Address:							
Your MyWSU ID:							
Your Academic Program:							
Organization in Which You Are En	nploye	d:					
Your Job Title:							
B: TO BE COMPLETED BY SUPER	RVISOF	R/EMI	PLO	YER RE	PRESEN	TATIVE:	
P _□)	B)	C)	Ć) □	⊅ □ C)	
Name of Your Organization:							
Your Name:							
Your Title							
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C. VERIFICATION (TO BE COMPLETED BY SUPEVISOR/EMPLOYER REPRESENTATIVE)

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