

HORTICULTURE WORK EXPERIENCE VERIFICATION FORM

Name of Student Employee: _____

Description of Work Activities While Employed: _____

Period of Employment: _____

Estimate of Total Hours Worked: _____



Name of Employer: _____

Address of Employer: _____

E-mail: _____

Telephone Number: _____

Name of Person Completing this Form _____

Title: _____

Signature (if handwritten): _____

Mail completed form to: Horticulture and Landscape Architecture Student Services
625 Agriculture Mall Drive, West Lafayette, IN 47907-2010
Or E-mail to: hlocareers@purdue.edu