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:  hlacareers@purdue.edu