

MUSKINGUM

U N I V E R S I T Y

Employment Verification Form

STUDENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

EMPLOYMENT INFORMATION

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employment Period (mm/dd/yy): _____ to _____

Signature: _____ Date: _____

Please submit completed form by mail, fax or email to:

Muskingum University
Graduate & Continuing Studies
260 Stadium Drive
New Concord, OH 43762

Fax: 740-826-6038

Email: graduate@muskingum.edu

Billing and payment are subject to [University Policy](#). For additional billing and payment information or to discuss other payment arrangements, contact the Muskingum Business Office at 740-826-8118.

Below For Office Use Only

Verified by: _____ Position: _____

Signature: _____ Date: _____