

# 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  
163 Stormont Street  
New Concord, OH 43762

Fax: 740-826-6038

Email: [gcs@muskingum.edu](mailto:gcs@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.*

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*Below For Office Use Only*

Verified by: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_