

Work Experience Request for Credit Form

Last Name	First Name	NSHE#
Email		Telephone Number (Include Area Code)
Expected Graduation Date	What Type of Hours Are You Submitting? (Check One) <input type="checkbox"/> Hospitality <input type="checkbox"/> Customer Service <input type="checkbox"/> x10 Volunteer	
Job Title	Name of Company	
Address of Company	Dates of Employment Submitting For Credit Began on: _____ Ended on: _____ (Do not use current or present)	
Total hours being submitted: _____ This experience was: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Was this an internship? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive UNLV internship or class credit for this? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation Provided (Check All That Apply): <input type="checkbox"/> Pay Stub <input type="checkbox"/> W-2 <input type="checkbox"/> Letter on watermarked letterhead with supervisor's email & phone included (complete Employer Confirmation section below) <input type="checkbox"/> Business card with supervisor's email & phone included (complete Employer Confirmation section below) <input type="checkbox"/> x10 Volunteer (verification received directly from faculty - no additional documentation required)		
Are you currently enrolled at UNLV as an international student on F-1 Visa Status? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, was this experience in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, did you receive CPT for this experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p><i>I understand that I am responsible for the content of this verification and falsifying information on this form constitutes a breach of academic integrity, which will result in my appearing before the university's student conduct officer for disciplinary action. I also understand that my signature below gives permission for the college to contact the employer to confirm information they have provided on this form.</i></p> Student Signature: _____ Date: _____		
EMPLOYER CONFIRMATION - COMPLETE IF SUBMITTING WORK EXPERIENCE WITHOUT W-2 OR PAY STUB If a document other than a pay stub or W-2 is submitted, the position supervisor will be emailed a verification form to complete on the student's behalf. The verification form must be completed and returned within 2 weeks of request in order for the student to receive credit for the submitted work experience. <u>Supervisor/manager within the organization who is able to verify the student's hours (must match documentation)</u>		
Print Name: _____ Title: _____ Email: _____ Phone: _____ Supervisor's Signature: _____ Date: _____		
<i>Office Use Only</i>		
Employer Emailed: _____ Stub ____ W-2 ____ Letter ____ Card ____ Work Experience Verification Form Received: _____ Database ____ Hours Completed ____ Milestone Issued ____ HOS ____ Cust.Serv. ____ x10 ____		