



University of Michigan-Flint  
MA in Inclusive Education

Proof of Experience

-For Office Use Only-
ID: _____
Term: _____
INED

Name \_\_\_\_\_  
(please print) Last First Middle

**Student's Confirmation of Experience (to be filled out by potential student):**

Name of childcare center: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Role at center (please include if the appointment was full or part time):

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Administrator's Confirmation of Experience**

I, \_\_\_\_\_ (print name), acknowledge that the above information is accurate.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

*Please complete this form and mail or fax it to:*  
**University of Michigan-Flint**  
**Office of Graduate Programs, 251 Thompson Library**  
**303 E. Kearsley St.**  
**Flint, MI 48502-1950**  
**Fax: (810) 766-6789**