Proof of Experience

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