



Hospitality Management Program

Practicum Employment Verification Form

TO BE COMPLETED BY THE STUDENT

Last _____ First _____ Student ID# _____

Date of First Semester in Program _____ Graduation date _____

Entered HMGT Program as: Freshman Sophomore Junior

Which source led you to this position?

Career Services Staff referral Faculty Contact Career Fair Contact
Summer Posting Alumni Personal Contact Other _____

I am responsible for the content and integrity of the information supplied on this form and understand that any misinformation violates the rules of the University's Academic Honest Policy. The Hospitality Management Program reserves the right to verify any of this information.

Student Signature _____ Date _____

TO BE COMPLETED BY THE EMPLOYER

Name of Company _____ Department _____

Company Website URL _____

Supervisor Name _____ Title _____ UNH Alum? Year _____

Business Address _____

City/State/Country/Zip _____

Phone _____ Fax _____ E-mail _____

Student Title _____

Dates worked from ____ / ____ / ____ to ____ / ____ / ____ **Total number** of hours worked _____

Compensation: Hourly Weekly Housing Meals

Student Job Responsibilities Included _____

I verify that the information regarding the student's employment is correct. **Please return the signed form to my attention at Donna.Stickney@unh.edu or fax to 603-862-3383.**

Supervisor signature _____ Date _____