

HTM 4964 Field Study – Employment Verification Form

This form is to be completed as soon as you have completed the 300 hour prerequisite and should be submitted with the necessary employment documentation (pay stubs, employer letter) by the dates below for enrollment in the following semester. Completed forms should be submitted to the HTM Department office in Wallace Hall, Room 362.

Summer – December 1; Fall – May 31; Spring – September 1

To Be Completed by the Student

Last: _____ First: _____

E-mail: _____ Student ID: _____

Anticipated Graduation Date: MM/YY) _____

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 honor code and may result in a referral to the Office of the Undergraduate Honor System. The Department of Hospitality and Tourism Management reserves the right to verify any of this information.

Student Signature: _____ Date: _____

Employer Information

Name of Company/Division: _____ Web Address: _____

Supervisor Name: _____ Title: _____

Business Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____ Email: _____

Business Industry Segment (check one):

- | | | | |
|-------------------------|------------------------------|-------------------|------------------|
| Airlines | Casino/Gambling | E-Commerce in HTM | Conference |
| Convention Facilities | Cruise Lines/Tours | Dining Services | Centers/Services |
| Golf/Country/City Clubs | Hotel/Resort (includes corp) | Stadiums/Arenas | Event Planning |
| Spa | Sports/Entertainment/Leisure | (depending on | Restaurant |
| Winery | | position) | Travel/Tourism |

Your Job Title: _____

Dates Worked - From: MM/DD/YY) _____ to MM/DD/YY) _____ Total Hours Worked: _____

Job responsibilities: Attach a position description and include documentation that details total hours worked (time clock report, pay stubs, etc.). A W-2 is not sufficient. In lieu of a job description, you may also attach a letter, signed by your supervisor on company letterhead, which details your position duties and attests to the fact that you worked at least 300 hours.

Office Use Only

Approved ___ Denied ___

Reviewed by _____ Date: _____