

**Henderson State University Graduate Nursing Program Application
Work Verification**
(To be completed by Human Resources Department)

Student (Employee) Name (type or print)

Social Security Number

Date

Home address

City/State/Zip Code

Telephone

Preferred e-mail address

Intended term of entry into Graduate Nursing Program

This section to be completed by your employment Human Resources Department:

Total number of hours worked as RN: _____

Printed Name of HR Representative

Signature of HR Representative

Date