

### Employer Support Form

I am aware that \_\_\_\_\_ is applying for the Doctor of Education program at the University of Mary Hardin-Baylor. I understand the time commitment involved in order to successfully participate in and complete this program in a minimum of three years through on campus classes five Saturdays each Fall and Spring semester, as well as two week Professional Travel Institutes each of the three summers. I am in full support of him/her pursuing a doctoral degree through the UMHB College of Education.

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Name of Supervisor

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Title

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Company/Organization

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Address

City

State

Zip Code

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Phone Number

E-mail Address

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Signature

Date