



UNIVERSITY OF
MARY HARDIN-BAYLOR
GRADUATE SCHOOL

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 weekends (Friday & Saturday) 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 Graduate School beginning in the Summer of 2019.

Name of Supervisor

Title

Company/Organization

Address

City

State

Zip Code

Phone Number

E-mail Address

Signature

Date