

Concordia Doctor of Education Application
Employer Support Form

As the supervisor/employer of _____, I am aware they are applying to the Concordia University Texas Doctor of Education program. I support this individual in pursuit of their degree and understand the following:

- Classes will be one weekend per month on Friday evening and Saturday in Austin, Texas, and I am willing to let them leave work early to attend class if necessary.
- This individual will conduct field work in our organization to complete their research.
- The program is a minimum of three years to complete.

Student name: _____

Company/School name _____

Employer/Supervisor name: _____

Employer/Supervisor signature _____

Date _____